ROYAL COLLEGE OF SURGEONS OF ENGLAND

REPORT

OF

CASES UNDER TREATMENT

IN

The Westmoreland Lock Hospital,

FOR THE HALF-YEAR ENDING DECEMBER 31, 1868.

BY MR. MORGAN, F.R.C.S.I., &c.

SURGEON TO THE HOSPITAL.

AS the subject of the repression of venereal disease becomes daily more intensely interesting to the scientific enquirer as well as to the political economist, I have endeavoured in drawing up the following condensed report of the cases under my care in the Hospital, to give material which will interest both, and form matter for grave consideration as to the best manner of restraining this public scourge. On the one hand, we see the young (even at the age of 15 years) entering upon a life of shame, the subject of a disease which will curtail their existence, and at the same time render them plague spots, and disseminators of contagion ; and, on the other hand, we find those who have been hardened in their course, and have been twice, three times, four times, and even five times the vehicles of the poison ; others again, who have been in pursuit of their unhappy life while the subjects of a genital sore for as long as 17, 18, 20, and 36 months. The oft-cited illustration of the loss entailed on the State by the non-effectiveness of a portion of the British army on account of venereal affections, has put the necessity of taking active means for repressing the spread of the disease in a strong light ; as it is found that, by this disease alone, the entire force serving in the United Kingdom is incapacitated for one week ; and in the navy, 586 men per day—equalling the whole complement of such a vessel as H.M.S. Royal Oak.

In the wards of this Hospital, from enquiry I have instituted, even a stronger case can be made, and it can be shown nearly to certain demonstration that incredible mischief may be inflicted by the unrestricted license allowed under the present system. Thus, I find, as shown at page 3, that of those admitted suffering from acute primary sores, most of them subjects who were in the early part of their career, 52 acknowledge to have been living irregularly, and having had no other mode of life, while actually *having the sore on them at the time*, for periods varying from 1 to 12 weeks. It is not unreasonable to suppose that they would have communication with 12 or 14 persons a week during this period, which would give about 2,500 persons who were in imminent danger of contagion by

these 52 "contagion centres" in three months. If we take this for a year, it would represent 10,000 risks by so small a number as 52, allowing even that the vast majority escape, it explains the fact so well known to medical practitioners, that the per-centage of males who have not had venereal disease at some period of their existence is very small indeed, and this equally in the higher and lower ranks of life, with what deteriorating results on their progeny, the occurrence of lurking syphilitic taint in the shape of hereditary indications, too often demonstrates.

The pages of the report contain many interesting and suggestive cases, exemplifying the difficulty of studying the disease and its consequences, or even of treating it without some greater means of compulsion. The fact is a startling one that almost every case of primary sore, taken into the *first admission* ward, returned to the hospital suffering from well developed constitutional symptoms, as tabulated at page 4, and is an important evidence in favor of this Institution, which though curtailed in its efficiency by want of the extension of the Contagious Diseases Act to this city, yet is, no doubt, of incalculable service in repressing the spread of the disease by treatment in the earlier stages of its development, and by admitting all applicants.

196 cases have been treated by me during the half year ending December 31st, 1868 ; and, as the rule is adhered to strictly, that no patient shall be discharged while the subject of disease, some estimate may be formed of the benefits conferred, the relief afforded to physical and mental suffering, and how far the spread of the disease, with its consequent contamination, must have been, certainly, restrained.

12 children were born, of whom 11 shortly developed symptoms of syphilitic taint ; 6 died, and 6 recovered after careful treatment—but how far in after life to be influenced by the poison with which they were so early imbued, is a question of interest.

5 deaths occurred, and by their post mortem appearances shewed the fatal though silent affections of the internal organs. The heart itself being the seat of syphilitic deposit ; the intestines, the liver, the womb, the kidney, the bladder, the throat, &c., having all afforded specimens of this protean affection. Much has to be definitely ascertained as to the laws which regulate the special developments of the poison, and to explain the fearfully mischievous course it occasionally assumes, which I believe can now be studied but imperfectly, though, no doubt, advantageously, while we are not in possession of permanent means of observation.

Several married women were under treatment, some of whose husbands were examined carefully, and every method for satisfactory elucidation by "confrontation" adopted ; in most instances, though the wives were exemplifications of the severer manifestations of the venereal poison, yet the husbands were perfectly free from any external evidences. Some were suffering from roseola, some from patches about the anus, others from papular eruption, others from pustulo crustaceous blotches over the body, others from tubercular blotches. In two cases only was the primary conveyed by the husband, all the others were infected through child-bearing, and the symptoms of contamination developed themselves at an early stage of pregnancy.

A form of chronic sore has come particularly under my notice, and I give several cases in illustration, as the sore is of formidable size and of excessive obstinacy ; it presents many points of interest ; its insensibility is remarkable ; and it attacks indiscriminately all diathises and temperaments.

196 *Patients have been under my observation and treatment, during the past half year.*

104 *of these were suffering from sores on the genitals, with or without bubo or constitutional signs.*

26	were admitted who never were before diseased.	8	were admitted, who were four times diseased previously.
21	„ who were once diseased previously.	6	„ „ five times „
16	„ „ twice „		
6	„ „ three times „		
		83	

5 were uncertain, and had suffered mostly from gonorrhœa.

Notwithstanding the difficulty of securing reliable data as to the occurrence of primary disease, I have after not a little trouble obtained the following tolerably accurate information, as to the length of time during which several, the subjects of genital sores in a *virulent* form, have *admitted* they led an irregular life while suffering from the disease, even up to a period of three months previous to entering Hospital.

13	cases existed before admission ... ... 1 week	2	cases existed before admission ... . 6 weeks
14	„ „ ... ... 2 „	4	„ „ ... ... 8 „
5	„ „ ... ... 3 „	3	„ „ ... ... 12 „
9	„ „ ... ... 4 „		
2	„ „ ... ... 5 „	52, total	

As this question is of great public and scientific importance, a review of the mischief that might be caused by these 52 contagion centres is appalling, as noted in the introduction, that by these 52 " centres," probably 2,500 persons were in imminent danger of infection in three months; in addition ten patients having sores on the genitals, stated positively they had desisted from any communication once they found out the existence of the disease, but it may be fairly assumed that, at least, the sore had been in activity for one week previous to admission, this would give an increase of 140 risks, so that from 62 patients, 2,640 persons were in imminent danger of infection in three months.

The cases where the genital sores have existed for *over three months*, while leading an unvirtuous life have not been infrequent.

In 3	cases the sore has existed ... ... 4 months	In 1	cases the sore has existed ... ... 17 months
„ 3	„ „ ... ... 5 „	„ 2	„ „ ... ... 18 „
„ 1	„ „ ... ... 10 „	„ 1	„ „ ... ... 20 „
„ 1	„ „ ... ... 11 „	„ 1	„ „ ... ... 36 „
„ 1	„ „ ... ... 13 „		
„ 1	„ „ ... ... 14 „	16, total	
„ 1	„ „ ... ... 16 „		

as these had assumed more or less the character of chronicity, they were not auto-inoculable, but of great extent and slow in their progress—there may be some question as to their special power of contagion—if they are contagious the mischief done is incalculable, and shows how disease may pervade the community at large.

The following table represents the periods during which the patients admitted they had been leading an irregular life, previous to their admission to the Hospital as diseased :—

For	1 month	...	3 cases	For	2 years	...	4 cases	For	12 years	...	1 cases
„	2 „	...	1 „	„	3 „	...	8 „	„	13 „	...	1 „
„	3 „	...	5 „	„	4 „	...	7 „	„	14 „	...	1 „
„	4 „	...	2 „	„	5 „	...	9 „	„	15 „	...	1 „
„	5 „	...	1 „	„	6 „	...	4 „	„	16 „	...	1 „
„	6 „	...	6 „	„	7 „	...	7 „	„	17 „	...	2 „
„	9 „	...	5 „	„	8 „	...	5 „	„	20 „	...	1 „
„	12 „	...	8 „	„	9 „	...	2 „	„	25 „	...	1 „
„	18 „	...	12 „	„	10 „	...	6 „				
									104		

Of these several had been diseased on previous occasions.

The cases admitted suffering from genital ulcers for the *first* time were 26 in number—mostly young girls, robust and otherwise healthy, aged from 15 to 23 years—the sores were, as a rule, non-indurated; the glands in the groin did not often suppurate, but were frequently swollen and painful on one side only :—

5	cases were	followed	by mucous patches only	1	followed	by	papular and severe pains
1	„	„	„ and laryngeal ulcer	1	„	„	„ and patch of fauces
3	„	„	papular and patches	1	„	„	„ and erythema of throat
3	„	„	mucous patch	1	„	„	„ bubo and inoculated sore
1	„	„	bubo and patch	2	„	„	„ iritis and pains
2	„	„	papular eruption only	1	„	„	roseolar only
2	„	„	secondary ulcers				
1	„	„	pains and ulcers of fauces	25			

There is but one case which has not as yet shown constitutional symptoms.

General Tabulation of Cases under Treatment, not including Primary Sores :—

Papular eruptions	...	...	10 cases	Ulcers of the mouth	...	...	2 cases
Papular and roseolar, mixed	...		4 „	Ulcers (deep) of the tongue	...		4 „
Ecthyma	...	...	4 „	Extensive sloughing ulcer of pharynx			2 „
"Patches" of anus and genitals	...		14 „	Ulcerations of the larynx	...		7 „
Syphilitic maculæ	...	...	1 „	Extensive ulceration of the rectum	...		2 „
Tubercular eruption	...	...	2 „	Severe syphilitic pains	...	...	5 „
Iritis of one eye	..	...	3 „	Large gummata	...	...	3 „
Do. of both eyes	...	...	1 „	Gummata on the heart	...	...	1 „
Pemphigus	...	...	2 „	Incidental abscesses	...	...	5 „
Anal fissures (severe)	...	...	1 „	Prolapsus uteri and vaginæ	...		3 „
Rupia	..	...	2 „	Urethra destroyed by ulceration	...		3 „
Secondary ulcers	...	...	4 „	Nodes and Exfoliations	...	...	5 „
Myringitis	...	...	2 „				

The comparative frequency of these manifestations where the subjects of them have been affected several times by genital sore, in contrast with the preceding table, where they have been but once the recipients, is remarkable. The formation of patches and the development of the papular eruption are evidently the earlier and more frequent evidences of constitutional infection. Several of these cases were the subjects also of gonorrhœa, complicated with ovarian irritation, with abscess of the labium, or suppurating bubo.

CASES AFFECTED FOR THE FIRST TIME, WHERE CONSTITUTIONAL SIGNS FOLLOWED.

TREATED WITHOUT MERCURY.

F. C., aged 20—12 months unvirtuous. Admitted May 2, with several soft patchy sores. Discharged cured. Readmitted Sept. 10, with a large secondary ulcer of the back, cachexia, and pains. Discharged cured, treated by tonics and iodide of potassium.

B. K., aged 18—4 months unvirtuous, admitted May 26, with several soft sores and non-suppurating bubo. Discharged cured. Readmitted July 7, with severe pains, cachexia and ulceration of the throat, and sloughy sore of genital, *highly inoculable*. Treated by tonics, iodide of potassium, and iron in large doses.

R. M'G., aged 22—16 months unvirtuous. Admitted August 20, with several soft sores, shortly followed by large vegetations and copious secretion. Had a healthy child 4 months since. Suffers from osteoscopic pains, but otherwise is healthy. Treated by tonics and iodide of potassium, also by local applications.

K. B., aged 23—4 years unvirtuous. Admitted August 25th, with mucous patch at anus—no other sign—is far advanced in pregnancy. Treated locally. In six weeks gave birth to twins, who shortly after developed syphilitic symptoms, and were treated mercurially by the stocking inunction ; one child (the male) preceeding the other (female) by 1 week in the appearance of rash.

C. B., aged 20—6 months unvirtuous. Admitted August 18. Contracted sores 3 weeks previously, soft and patchy. Got much better by topical applications ; but in 3 weeks' time pityritic and papular eruption appeared, and alopœcia to a marked degree. The patient was otherwise remarkably robust. Treated by iodide of potassium, guaiacum, and baths.

M. S., aged 17—8 months unvirtuous. Admitted April 18, having primary, without induration, and considerable swelling of the labium. She was treated by tonics, iron, and iodide of potassium. Readmitted June 23, with mucous patches and pains in joints—no eruption. Treated as before, and local applications.

R. B., aged 23—9 months unvirtuous. Admitted, July 16 ; got primary 6 weeks previously, as several soft patchy sores of labium, and is now hoarse to a marked degree, and extremely cachectic and debilitated. On laryngoscopic examination, a well marked ulcer by the side of the rima is to be seen. Treated by iron, tonics, iodide of potassium, and good diet, and application (by the spray) to the larynx of tannin solution.

M. R., aged 30—13 months unvirtuous. Admitted June 30, is pregnant. Two months ago got primary, which on admission was non-indurated, but large and irritated. Treated locally and with tonics internally. Readmitted July 7, with pains, cachexia, and large condylomatous patches, no rash. Got an attack of erysipelas in the head, abscess, &c., and was much debilitated. Gave birth to a puny child, which shewed in a few days well marked signs of syphilitic infection, which disappeared by the administration of Hyd. c Creta and Citrate of iron. The mother showed no further signs.

M. B., aged 21—8 months unvirtuous. Admitted, June 29, suffering from a sore, without induration, with the surface secreting pus abundantly, situated at the fold between the thigh and labium, and one inguinal gland tender. Was treated by tonics, baths, and rest, and discharged cured. On the 5th of December she was readmitted with soft sores at vulva, one was *inoculated*, and produced the characteristic pustule. A sore shortly formed at the chink of the nates, this assumed a phagedenic aspect, spread rapidly, very painful, was *not* inoculable, but secondary in its character, and required touching on several occasions with carbolic acid. As yet (December 29th) there are no signs of taint, though this sore was unquestionably of a secondary character, and yielded slowly to treatment, local, by lotio nigra, and general, as before.

M. B., aged 22—Admitted Nov. 24, with several soft sores and a suppurating bubo. After being in the Hospital a few days she got erysipelas of the face, and afterwards a severe attack of jaundice. On Dec. 29th she got roseolar eruption and pains in the bones. Treated by vapor baths and tonics. Unvirtuous 3 years, and never had a sore before.

E. M'D.,* aged 18—Admitted September 3, with a sore at cleft of nates, painful, and non-phagedenic; but *highly inoculable*. The sore successfully treated by local treatment. On Oct. 30 readmitted with the same sore and gonorrhœa. Has no signs of constitutional taint, (Dec. 29th,) and is the only case that has not been followed by such evidences.

P. G., aged 18—11 months unvirtuous. Admitted May 20. 6 months ago was in Hospital for a sore on the inner side of one labium, without enlargement of the inguinal glands. She was treated non-mercurially, and discharged cured. Remained on town until a week before admission, when she got moist patches in labia, and one sore which has the character of a primary. No bubo or swelling of the glands. Was thoroughly examined on several occasions with the speculum, no internal sore could be detected. Treated with tonics and iodide of potassium. June 8, 1868, discharged cured, after most careful examination. Readmitted 14th August, 1868, suffering from well marked patches and pains in the bones, hoarseness and cachexia. Treated with large doses of iodide of potassium and iron.

C. N., aged 25—3 years unvirtuous. Admitted May 26, 1868, 2 weeks ago contracted a sore which is on the inner side of the labium, and another at the fourchette, soft and painful. No enlargement of the inguinal glands. She was treated non-mercurially, and healed satisfactorily. Discharged cured, after minute examination with speculum being made. Readmitted 28th August, suffering from pains, cachexia, and some pemphigoid blebs. Treated by tonics and iodide of potassium, iron in large doses.

E. F., aged 23—1 year unvirtuous. Admitted May 8th, suffering form soft sores contracted 3 weeks since, also a discharge. In a fortnight after admission, and before the healing of the primary sores, she got mucous patches around vulva and fissures at the anus. She left Hospital in six weeks uncured. Readmitted Oct. 9th, covered with a most copious and remarkable rash of a minute papular form associated with eczema, patchy ulceration of tonsils, and enlarged glands under the jaw. She had also some scapular pains. There was not an inch of the surface that had not eruption Treated by Bromine Baths and tonics.

CASES AFFECTED FOR THE FIRST TIME, WHERE CONSTITUTIONAL SIGNS FOLLOWED.

TREATED WITH MERCURY.

M. K., aged 18—in rude health. 2 weeks unvirtuous. Admitted June 1st, with several soft irritated sores and gonorrhœa. (Treated on this occasion non-mercurially). Readmitted September 18th, with severe sloughy sore of pudendum, great part of nympha destroyed, and one tender inguinal gland. (Treated by tonics, and application of escharotics.) Readmitted Nov. 14th, with large patches at anus and genitals, and 5 or 6 ecthymatous spots over the body, now healing. Directly after admission she got papular eruption over the trunk and face, patches on throat, enlarged cervical glands and cachexia. Discharged cured. Treated by mercurial vapor baths and tonics.

L. C., aged 20—12 weeks unvirtuous. Admitted Sep. 4, with several soft sores and slight papular eruption. (Treated non-mercurially, chiefly by local application.) Readmitted Oct. 26, with mucous patches, alopœcia, papular eruption and pains. Discharged cured by mercurial treatment.

E. W., aged 21—3 months unvirtuous. Admitted Sept.8, with several soft sores. After 2 weeks, followed by mucous patches, and profuse elevated papular eruption. After 3 weeks, a most severe iritis. No bubo or inguinal enlargements. Mercury was now administered when all the symptoms hitherto increasing in gravity yielded directly. She afterwards suffered an attack of erysipelas, and when recovered got a severe eruption of an eczematous and papular formmixed, but yielded to mercurial treatment.

K. B., aged 26—6 years unvirtuous. Admitted May 5, with enlarged inguinal glands of both sides. Stating positively she never had any primary, there is no cleatrix or external sore visible. On examination with the speculum a small sore of a bright red colour, smooth, about the size of a 3d. piece, was seen on the uterus, also one with much the same character on the posterior wall of the vagina. Both resisted auto-inoculation repeatedly tried. She had given birth to a child 3 months *previous to being infected*, and continued suckling it, though suffering from the initial poison. Treatment chiefly local. Readmitted July 31, suffering from extreme alopœcia and cachexia, and covered with a most copious papulo squamous eruption on trunk, palms, and soles of feet. She suckled her child while in this condition, yet a healthier specimen could not possibly be seen. Treated by mercurial bath, followed by careful internal administration, good diet, and tonics.

B.S., aged 16 years—5 months unvirtuous. Admitted May 8, contracted two sores, size of 3d. piece, accompanied by bubo on one side, non-suppurating. In a fortnight after admission she had a copious eruption of papules, erythema of throat, pains alopœcia, and great cachexia. Treated by careful internal administration of mercury, in form of iodide, cod liver oil, iron, and good diet.

M. D., aged 21—2 years unvirtuous. Admitted June 15, with a child in arms one month old, the mother suffering from leucorrhœa. In a fortnight the child got syphilitic rash and signs of hereditary taint, which improved under treatment. She left the hospital. She was readmitted July 18, with the child in a debilitated condition. It died shortly afterwards of syphilitic taint and debility. The mother was readmitted in July 26, suffering from soft sores, which were locally treated. Re-

admitted November 4, with mucous patches in fauces, pains, and papular eruption. No bubos. Treated by iodide of potassium and iron, became debilitated, was submitted to treatment by small mercurial inunctions, with success.

E. F., aged 20—5 months unvirtuous Admitted September 5th, with large soft sores of 3 weeks' standing, and profuse papular eruption over the trunk, neck, thighs, &c., tender gland in one groin, alopœcia and cachexia ; is 4 months pregnant. Treated mercurially by internal administration. Discharged cured.

M. A. B., aged 24—8 years unvirtuous. Admitted September 5th, with several soft sores ; treated locally, non-mercurially. Re-admitted, October 20, with large lenticular papules, extreme alopœcia, and threatened iritis. Treated by mercurial vapor bath, iodide of potassium and tonics.

N.B.—Had a sore 7 years ago.

E. W., aged 18—5 months unvirtuous. Admitted October 5th, with several soft sores and some appearance of roseola, which fully developed itself together with papules in large quantity in a fortnight ; severe pains, and very marked iritis of the left eye, and afterwards of the right eye. Treated by mercurial vapor bath, and also while the iritis was acute by its internal administration. On opthalnoscopic examination the iris, lens, &c., were perfectly healthy before her discharge.

M. A. aged 24—Admitted December 26th, mother of 3 children, 8 months a widow, first perceived a sore 3 weeks since which became painful, and accidentally inoculated itself on the right thigh ; from this point *I inoculated* afresh and produced the characteristic pustule. There is a non-suppurating left inguinal gland, and isolated but well-marked papular eruption over the body, palms, and soles of feet, severe pains in shoulders, &c. Treated by mercurial baths, tonics, good diet.

C. F., aged 19—very robust. Admitted November 2nd, 6 months unvirtuous, suffering from abscess labium, and one rather indurated sore and imflamed inguinal gland which suppurated. In three weeks she got a well-marked but not extensive eruption of papules ; she was subjected to internal mercurial treatment for the latter, but had been treated non-mercurially for the primary.

BUBO WITHOUT A LOCAL SORE.

Supposed Bubon-d'emblée.

E. J. aged 18—2 months unvirtuous (very healthy). Admitted September 18th, with a single bubo, and states positively she never had any sore, and I could not, after careful examination, detect any, whether with or without the speculum. The bubo was opened, and after some time she was discharged. November 24th, she was re-admitted, suffering from mucous patches, pains, cachexia, and patch of throat. Cured by gentle mercurial treatment.

C. B., aged 23—2 years unvirtuous (healthy). Admitted with a suppurating bubo at right side ; states positively she never had any sore. On careful speculum examination, no sore of any kind could be detected. I opened the bubo, and inoculated from it the thigh, and repeated the inoculation from the thigh. She was treated non-mercurially and discharged cured. Re-admitted 5 months, pregnant, and with mucous patch at anus ; treated locally.

MARRIED WOMEN.

E. H., aged 20—Married 6 months. Pregnant over 5 months. Admitted May 22, with mucous patches, and roseolar eruption, which became very profuse and well-marked after a few days in Hospital. She was treated mercurially, and left Hospital cured.

The husband, a shoemaker, on examination, seemed healthy; had no signs of any constitutional taint—the glands in his groins or elsewhere not enlarged; but he admitted having had a sore within a year of his being married. The sore was on the prepuce, and did not signify.

W. M'C., a stout, fresh country girl, was admitted June 16th, aged 20; was married six months before admission; in 4 months got sore, and has been so ever since. She has most severe mucous patches, covering the entire of the genitals; discharge and pain. Iodide of potassium and bark were administered. She was treated locally, cleanliness enjoined, and discharged cured.

It was impossible to see the husband in this case.

M. A. G., aged 40—Admitted July 2nd, 1868; by first marriage had 8 children healthy. Married again, about 6 months since; 2 months ago got sore at genitals, and very shortly got a profuse papulo squamous eruption. Palms and soles affected, patches on tonsils, sore tongue, pains, and cachexia. She was treated by the calomel baths, and gradually improved. Left Hospital when progressing well, and was subsequently admitted, September 6th, with increased symptoms which finally but resistantly yielded to mercurial treatment by calomel bath, and afterwards the internal administration of mercury (the husband was not seen by me).

B. B., admitted May 25, married 4 years; has had two dead born children, the last one year since; suffers from pains only; has no external symptoms; is pregnant; the motions of the child are vigorous; the mother is in good condition, but anxious to save the life of this child. She was subjected to steady and gentle mercurial influence, and in 2 months gave birth to a healthy and well-nourished child. The husband had no constitutional signs, but had a sore a year or so preceding marriage; is a strong, healthy man, considering his trade as a painter.

These abridgements from the "FIRST ADMISSION CASES," &c., illustrate two modes of treatment, and show the importance of due selection; the more grave form of constitutional infection showing itself as papular eruption, and generally occurring in the non-lymphatic temperament, were best treated by mercury, gently and steadily administered. Those cases which evidenced the poison by the formation of patches, and the less potent external manifestations, and occurring in the lymphatic temperament on the other hand, do best under the influence of iodide of potassium, tonics, and generous diet. By proper selection of the cases suited for each mode of treatment, many errors can be avoided, and more reliance placed on that powerful agent for good or evil, mercury. The mercurial bath I have found answer well. I have seen 2 baths of 15 grains of calomel each produce severe salivation. Where mucous patches exist I find the use of suppositories of mercurial ointment, whether per vaginam or rectum, answer best, and in private this is a most convenient and cleanly method of bringing the system under mercurial influence. Grs. x. or xx. is quite enough, and should be pushed *far* up the rectum each evening, or second evening, according to circumstances. I also find a combination of the mercurial ointment

and the compound iodine ointment to answer well for inunction—the latter causing slightly increased irritation of the skin, and being absorbed as well, in conjunction with the mercury.

With regard to the occurrence of constitutional symptoms, it is remarkable that every case, but that of E. M'D.* page 6, showed them, and there is only one more instance (which was, unfortunately, not accurately recorded) where also, though the patient became hoarse, no other constitutional signs were observed ; however, but a very short period of time has as yet elapsed since the "initial lesion." The papular is by far the most usual eruption ; sometimes roseola shows itself early, followed by true papules. Sometimes but rarely a rash appears ; evidently papulo squamous or almost pityritic in character, which gradually disappears under the latter form.

Though there have been some examples of sores, accompanied by induration, the great majority of first admission cases do not present any specific hardness—which is undoubtedly most evident on the nymphæ. Some doubtful cases were inoculated, as M. A., page 8, E. M'D.,* page 6, B. K., page 5, M. B., page 6, all presented the characteristic pustule.

CHRONIC SORES.

MOSTLY TREATED BY ARSENIC.

A form of chronic sore is of comparative frequency in the wards of the Hospital. It bears no definite relation to the age of the patient, or even to the temperament ; the robust, the young, and the debilitated presenting much the same appearances ; although this form of sore no doubt appears more especially to affect those who have been for some time dissipated. The illustrations, which were taken as average examples of the affection, give us a general idea of the local characteristics, which may be thus tabulated :—

1st.—They all have extreme density of the edge.

2nd.—That they have great elevation of the edge, sometimes to even a quarter of an inch in height.

3rd.—They have a smooth, non-granular surface.

4th.—They secrete no pus, but a thin discharge.

5th.—They have a great extent of surface, often exceeding a crown piece in size.

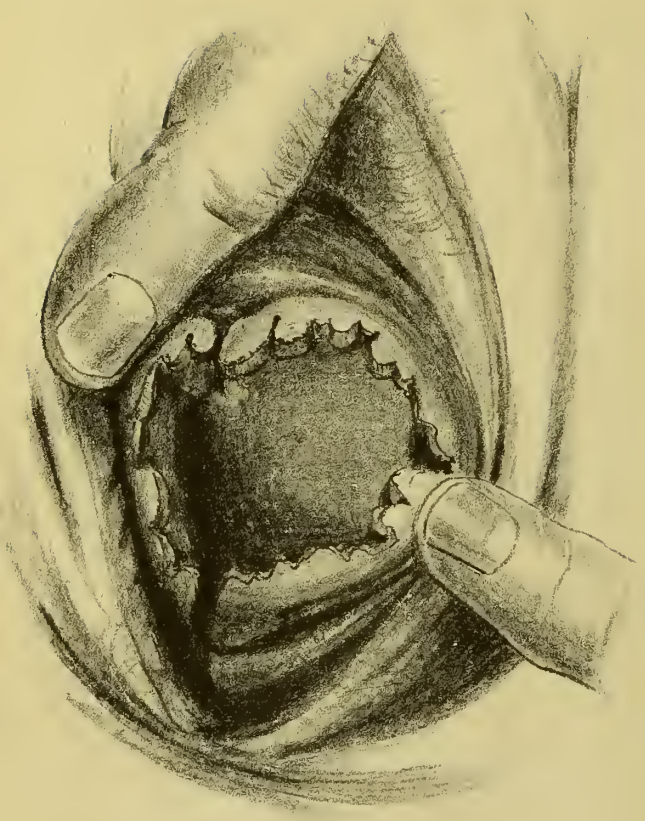
6th.—They are extremely insensible, and difficult of irritation.

7th.—They are, my experience teaches, incapable of auto-inoculation.

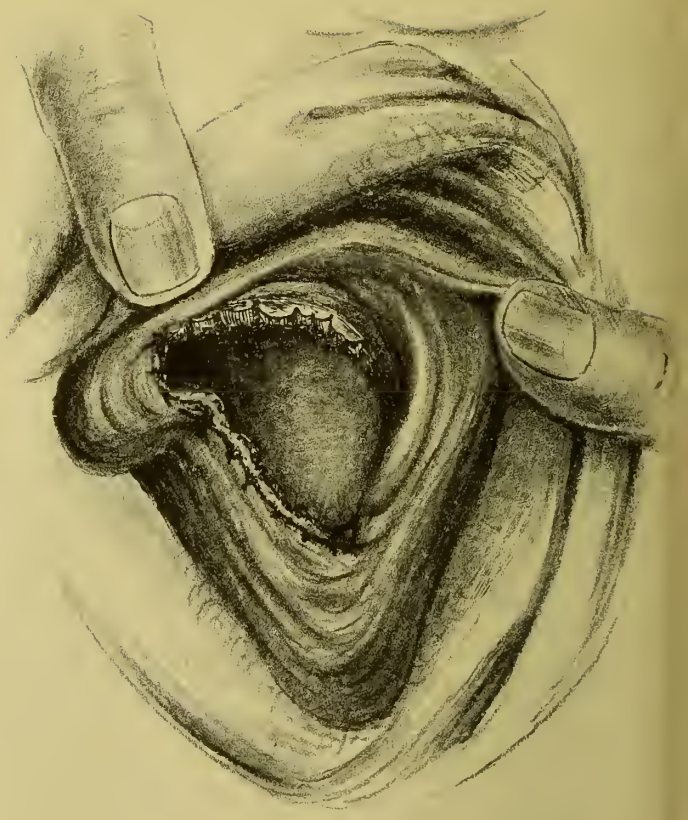
The patients are not affected by inguinal enlargements, nor have suffered from buboes, although the sore has existed many months, the insensibility of surface being such that no inconvenience or pain was caused by intercommunication, and the extent of the sore was almost unperceived by the patient. As a rule there is evidence of a lurking syphilitic taint co-existing, but in no special form. I have seen gummata, papules, pains only, the birth of syphilitic children only, nodes and periostitis, as complications.

All the patients positively date the sore as commencing at a certain time and in the same form

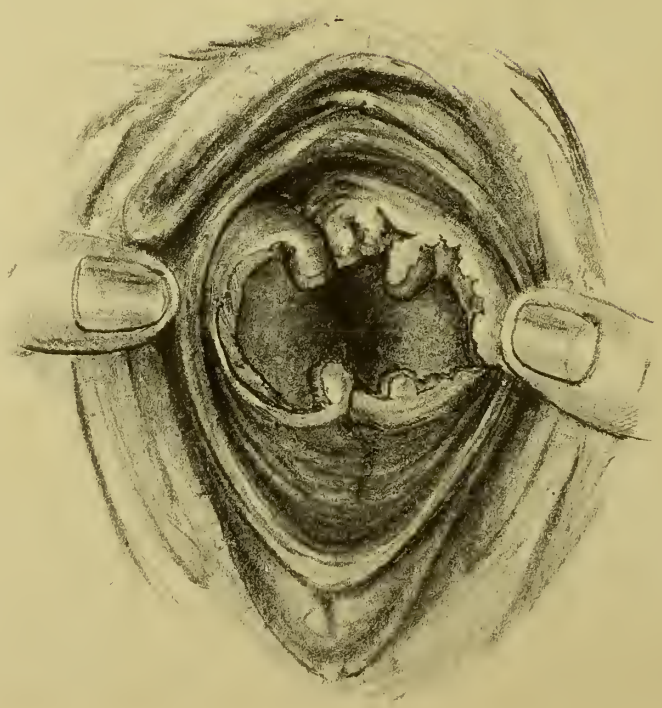
N°3



N°2



N°1



that it exists for months. It is eminently not auto-inoculable, as I have repeatedly tried to procure auto-inoculation both before and after irritation, but without results.

After most careful inquiry I cannot ascertain that this sore has been communicated to others. In one case the same man cohabited with impunity for five months, the woman producing at the eighth month a syphilitic dead-born child. Though by no means certain, I am hardly inclined to think it communicable as such, for these patients generally continued their unhappy course of life for months before admission ; in one instance, I am assured, for ten months continuously. I select the following cases as illustrating this form of sore. The illustration shows the general aspect of the edges and surface, which are remarkable.

Case No. I.

CHRONIC SORE OF ELEVEN MONTHS' DURATION.

E. M., admitted April 1st, 1868 (Ward No. 6, bed 6)—aged thirty-four, gives the following history. First unvirtuous fourteen years ago ; thirteen years since got a sore and suppurating buboes on both sides ; was subjected to full mercurial treatment at that period, and had no subsequent constitutional symptoms ; afterwards she married and lived with her husband eight years, but never was pregnant ; three years before admission her husband died, and she returned to her former life, and got a sore, which appeared in December, 1867 ; during the subsequent four months, till admission, she was living irregularly, pursuing an unvirtuous life ; she states that the sore was but little painful, and secreted abundantly.

Coming under my care, May 13th, 1868, she presented the following evidences—is thin ; looks much older than she states her age to be ; has no pains, rash, or other constitutional signs ; the internal organs are healthy ; menstruation continues, but is irregular.

On examination, a large sore entirely occupying the orifice of the vagina was found, presenting all the appearances shewn in the illustration (fig. 1), the edges being extremely dense, elevated and welt-like, and of a whitish colour ; the surface of the sore red, smooth, and secreting a scanty and thin pus ; the sensibility very low, so much so that the patient had no idea of the extent of the ulcer ; the inguinal glands were not enlarged. She was ordered large doses of iodide of potassium with bark, nutritive diet, and bisulphite of lime wash to the sore.

July 16.—She now got an attack of severe periostitic inflammation of the left tibia and ankle, which was resolved by blisters, fomentation, and rest, the iodide of potassium being increased in quantity per dose now to fifteen grains. She also had a periostitic attack of the sternum and clavicle, which was very resistant to treatment ; and shortly afterwards suffered much from an ulceration of the upper gum, exposing the fang of the canine tooth. This healed, however, with rapidity, from local applications. As the genital sore remained obstinate notwithstanding local irritation and treatment, and as its appearance and conduct resembled much a lupoid ulceration, I determined upon the cautious administration of arsenic. I commenced with two-drop doses of Fowler's Solution, and afterwards gradually increased it to four, but the patient could not bear beyond this amount. In five or six days the sore showed some slight indications of amendment.

Being thus encouraged in the view I had taken, I now applied the solution, five drops to the ounce as a lotion. The sore from this date gradually and steadily healed, and the general health improved. A gumma which formed on the thigh, and occasionally painted with Tinct. Iodinii, resolved itself, and the patient was discharged cured, Nov. 26th, 1868.

On December 18th, 1868, the patient was re-admitted, suffering from a gumma on the thigh, now ulcerating and painful. A sore has now formed at the posterior part of the vagina, in the cicatrix of the original. It has not the appearance characteristic of the chronic sore, but is more that of a rent from violence, and shortly afterwards healed.

On a review of this case, assuming the account to be true, which I believe it to be, we find no constitutional signs to have succeeded the first sore, and that the reception of a fresh poison dates altogether from the formation of this last as a primary, followed by well-marked constitutional manifestations—periostitis, gummata, ulcerated gum, and pains ; the primary, though at first painful, soon took on the chronic character. I repeatedly used auto-inoculation, but invariably with unsuccess, equally whether the sore had been artificially stimulated or not.

From the serpiginous and chronic nature of the ulceration, its insensibility and density, and its specially yielding to the influence of arsenic, I look on the ulcer as being in the first instance received as a specific sore, and becoming, under peculiar constitutional conditions, of a chronic or lupoid nature, but how far capable of contagion I hesitate to pronounce.

Case No. II.

CHRONIC SORE OF SIX MONTHS' DURATION.

Fig. No. 2 illustrates again this form of chronic sore occurring in a younger and more vigorous subject, accompanied by a well-marked papular eruption, and deafness from syphilitic myringitis.

M. J. (Ward No. 2, bed 7)--Admitted 10th March, 1868, aged twenty-one, is stout, and apparently strong and vigorous ; unvirtuous four years. Three years ago got a primary genital sore, which was treated without mercury. The inguinal glands of one side were enlarged, but did not suppurate. She remained free from any after consequences, pursuing an unvirtuous life till January, 1868, when she got a sore, small and painful at first, but gradually extending outwards on the nympha, and becoming insensible compared with its extent. After suffering with this for four or five weeks she came to the Hospital ; in addition having a well-marked papular eruption over the body generally, but specially developed about the back of the neck and shoulders ; she was also deaf, and had some slight discharge from the ear, but was otherwise in robust health and good condition. The sore exceeded the size of a crown piece, and extended out on the nympha, presenting the hard, dense, cuticular edge shown in the illustration (No. 2). The surface was like red plush, devoid of granulations, but secreting tolerably freely. The characteristics of the sore in this patient were, however, not by any means so marked as in the preceding case, and there was more sensibility of the surface. I looked on the sore as being in that state bordering on chronicity, but not thoroughly established. I therefore treated it by local applications, stimulating lotions of sulphate of zinc, alternating with lotio nigra, repeated stimulation with nit. argenti, nit. cupri, tinct. Iodinii.

and carbolic acid. With some of these stimuli it was touched every third day, the patient kept in bed and treated by the internal administration of iodide of potassium, in gr. xv. doses, with bark.

Under the influence of this vigorous treatment the sore gradually yielded and healed, leaving the peculiar indentation always remaining in the original site; the surface healing by a skinning process, and not by centripetal granulation.

She was discharged cured July 9th, 1868, having been upwards of six months a sufferer.

Reviewing this case, the local sore is found with papular eruption, syphilitic deafness, and preceded some three years previously by a primary treated without mercury. The characteristics of the sore, as will be seen by the illustration, were not so marked as in the former, and there was more sensibility of surface. I looked on this as being in that state bordering on chronicity; I therefore treated it principally by local stimuli, as before mentioned. Auto-inoculation always proved unsuccessful.

This patient has been lately again under treatment for ulcerated throat, but has no other symptom; the indentation corresponding to the original sore is well marked; her condition and general health is otherwise good.

Case No. III.

CHRONIC SORE OF FOURTEEN MONTHS' DURATION.

F. R., aged twenty-six (bed No. 5, Ward 1)—Unvirtuous for seven years. Having been two years on the town, contracted a sore and bubo, for which she was treated in the Hospital without mercury, and was discharged cured. She remained free from any symptom for a period of about two years, when she suffered from an extensive eruption, for which she was again admitted to Hospital, submitted to mercurial treatment, and discharged cured. No further symptoms presented themselves till about July, 1867, when a sore formed at the side of the vaginal orifice, which gradually increased in size, yet without causing much pain. She was admitted to Hospital in October, 1867, about three months subsequent to the first formation of this sore (during all which time she was pursuing her unfortunate course). She was now treated for three and a-half months, but though not cured, she left, and resumed her mode of life for eight weeks, when a papulo-squamous eruption having manifested itself, she again was admitted on March 3rd, 1868, and subjected to a mildly mercurial treatment by the exhibition of the compound calomel pill. Under this influence the eruption gradually yielded and the general health improved, but the sore remained.

In the first week of July, 1868, another crop of papular eruption appeared, some of the papules being isolated and some in clusters and annular. On the 27th of July, the patient complained of lassitude and debility. On the next day a bulla had formed on the right thigh; during the next forty-eight hours another bulla on the left thigh; the next day another over the mons veneris. These bullæ were very tense and dark-coloured, filled with a sanguineous fluid, and surrounded by a blush or areola extending to three inches around, of a vivid red, shading off gradually. When broken, the cutis was found superficially ulcerated, leaving dark-coloured stains. A fourth and fifth bulla formed at succeeding periods on the shoulders, but were small, not exceed-

ing the size of a fourpenny-piece, whereas the first nearly equalled a billiard ball in size. The bullæ were not interfered with, but simply kept covered and warm. Ten-grain doses of iodide of potassium and bitter infusion were given every six hours. Moderate stimulants and nutritious diet ordered. On examining the genital sore it presented all the characteristics shown in illustration (No. 3). The edges were cut out, greatly elevated and whitish, the surface devoid of granulation, red in colour, and almost insensible to pain. Having now lasted upwards of a year, during part of which time the patient was under the influence of mercury, which caused the disappearance of the eruption without influencing the sore, I looked on this as a good case for testing the arsenical treatment. I therefore ordered three drop-doses of Fowler's Solution three times daily, and a lotion of Sol. Fowleri, two drachms ; tinct. opii, two drachms ; aquæ ten ounces. This application caused some irritation and stimulus to the ulcer, which gradually healed, the "welt-like" circumference disappearing, and the ulcer "skinning over." This is invariably the way that cicatrization takes place. There is no centripetal or healing process ; long after the healing of the sore a well-marked cup-like depression and cicatricial margin is seen ; (and I have had one remarkable case under observation, where the cup-like depression left by this sore was to be seen nine years after the original disease.) She was discharged cured. In this case the sore had merged into the true chronic or semilupoid condition, and required the full influence of the arsenical course to effect its cure The extent of the ulcer was very great, and the margin as dense as cartilage. Auto-inoculation, though carefully performed, was unsuccessful, and the constitutional infection was evidenced by the presence of eruption. This woman was, while suffering from this sore, living irregularly, and if the sore were contagious, must have caused frightful mischief among the community.

The illustrations have been carefully taken of the exact size of the sores, and No. 3 shows well the irregular and welt-like edge which circumscribes the ulcer. There is another remarkable fact connected with their occurrence, that they affect mucous or mucoid surfaces. I have had lately an opportunity of examining after death a case where the entire urethra was taken away by this chronic ulceration, the opening of the bladder equalling a sixpence in circumference. No urine had been retained for months, the coats had thinned extremely. The following cases also furnish remarkable examples of the transition stages of the more chronic forms of this disease.

M. S., aged 28—6 years unvirtuous. Admitted 31st January, 1868 ; about 6 years ago contracted a sore which healed after a few months ; 5 months ago she contracted another sore, and in a fortnight, she states, some spots appeared over the body. This sore occupies the half of the vaginal orifice ; is smooth, dense, and insensible, with a hard, elevated edge ; the labium is hypertrophied, and also the clitoris, to about the size of an orange ; both clitoris and labium were removed by operation ; the sore was very persistent ; not auto-inoculable ; left Hospital.

K. G., aged 22—6 years unvirtuous. Admitted 24th April, 1868 ; suffering from a chronic sore (admitted 2 years ago with same) at posterior wall of vagina for over 12 months, contracted before admission, and has continued persistently ever since, presenting the usual characters of insensibility and depth ; she has also got 3 fistulæ which were successfully operated upon ; she has tubercular eruption in clusters on the face ; is cachectic and pallid ; suffers from attacks of ovarian irritation, and has signs of catamenia only at irregular periods.

M. A. B., aged 36—17 years unvirtuous. Admitted July 7th ; contracted a sore within a

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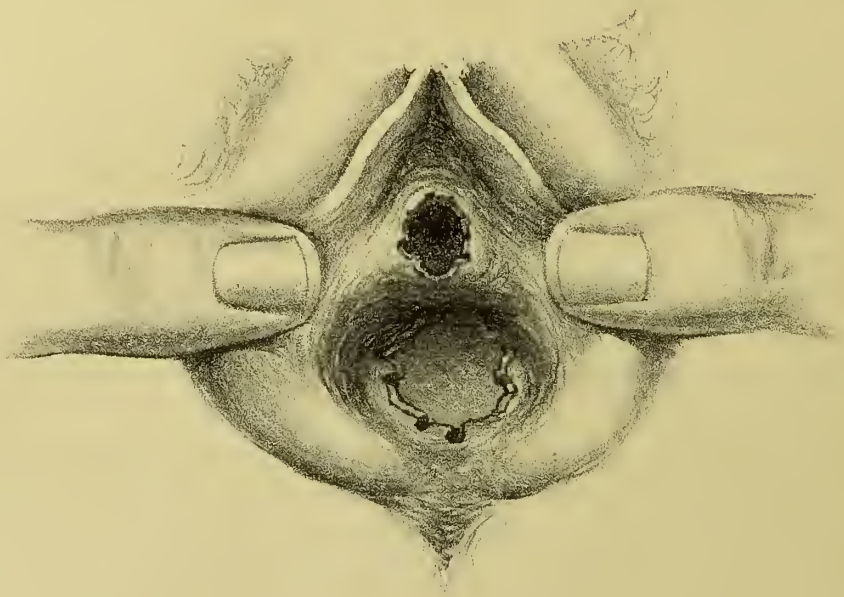

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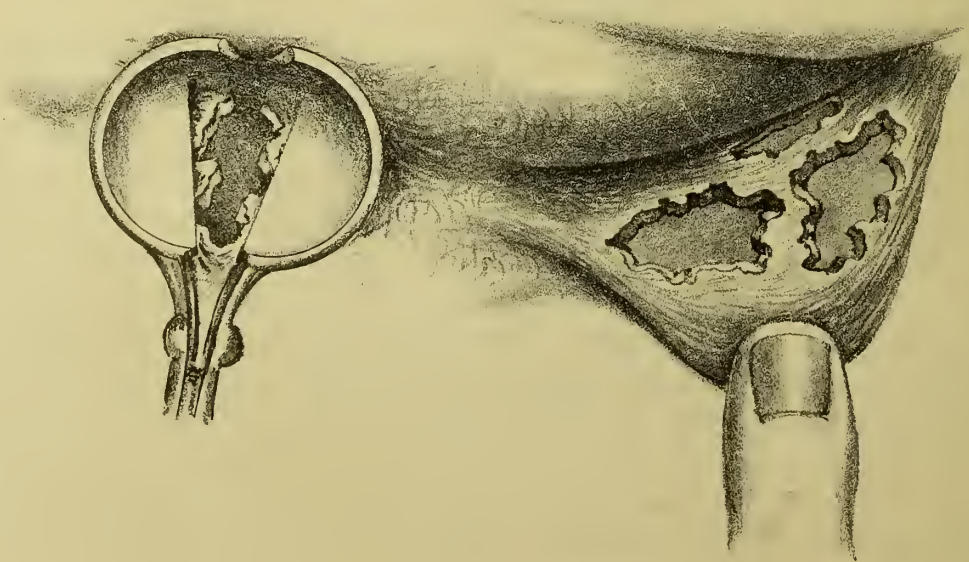


fortnight, which is sloughy and inflamed; the glands are not enlarged. This sore occupied one nympha which it nearly altogether destroyed, and was freely cauterized; on examination, a chronic sore was found at the vaginal orifice, which had existed about 10 months. This woman had her first sore 16 years ago, which was treated by the topical application of yellow wash; 12 years ago got married and had 3 healthy children. A drawing, taken at the time, shows the occurrence of the soft sloughy sore, together with the chronic sore of long standing. She suffered 8 years ago from severe pains and sore throat, but had nothing since of a constitutional character.

M. K. aged 25—Admitted October 16th, 1867; had a sore some years ago, which was healed by the application of lotio nigra. She received another sore 20 months since, which formed around the vagina, and has continued all this time, its character being that of smoothness, density, insensibility, and tardiness of progress, and resists inoculation. The illustration (M. K.) No. 1, shows the remarkable characters of her case, and the severe ulceration of the urethra, which causes considerable pain in micturation—the whole tract being a sheet of ulcer. The sore at the vaginal orifice is analogous in appearance and character to that occupying the urethra, and has existed now upwards of 1 year and 8 months; for 1 year and 2 months being under actual Hospital observation, and every effort made for its cure. She has never had any skin or throat affection, but has suffered severely from pains, particularly of the sternum and ribs; has been 6 years unvirtuous.

F. T., aged 24—Admitted July 18th; contracted a sore and bubo 7 years ago, which was treated with mercury; 5 years ago had gonorrhœa; 2 years since got the present sore on the anterior wall of the vagina, which equals the size of a florin; it is dense and insensible, but has not the hard, welty edge of the former case; resists auto-inoculation. This patient has had a few non-suppurating gummata and also pains; has been $7\frac{1}{2}$ years unvirtuous.

B. C., aged 30—For 6 years unvirtuous. Admitted July 17th, 1868; has had gonorrhœa 4 years since; 2 years ago in hospital. Contracted the present sore on the posterior wall of the vaginal orifice; it is the size of a florin, hard and dense, smooth, and with a welt-like edge; the labia are moderately hypertrophied; she has alopœcia to a marked degree, and osteoscopic pains, rheumatic arthritis of left hip joint, and some acneiform eruption of the face. This is the only sore she ever had. Not auto-inoculable.

S. McD. aged 30—10 years unvirtuous. Admitted October 31st, 1868; 8 years ago had gonorrhœa; no sore till five years ago, when she contracted one on the same side of the pudendum as the present; this lasted for nearly a year, and since then to the present date, she has been the subject of a sore on the inner side of the left labium which would heal for a month or two and then recur, creeping from place to place, but, as she states, always commencing at the site of the last sore. There is an ulcer the size of a shilling on the inner part of the left labium, dense, with hardened edge, secreting but little thin pus. She has never had rash or sore throat, but 8 months ago suffered severe osteoscopic pains; had then alopœcia. She is cachectic and anœmic; the sore is not auto-inoculable. I treated this by extirpation with the knife; and it healed most satisfactorily.

J. C., aged 30—5 years unvirtuous. Admitted September 26th, 1868; 11 months ago contracted this sore, which healed after 2 months and broke out again 4 months since in the same place; it has eaten through the right nympha, and occupies a large portion of the posterior wall of the vagina; is very dense and smooth, with hard elevated edges. She is cachectic, and suffers very

severely from pains in the left fore-arm ; has tubercular acne of face in clusters, and effusion into right knee joint ; sore, not auto-inoculable.

REMARKABLE CASE OF GANGRENE OF THE NOSE—ATROPHIED HEART—EXTENSIVE SLOUGHING OF THE BACK OF THE PHARYNX—DESTRUCTION OF THE CORNU OF THE OS HYOIDES, ARYTENOID, AND PART OF THYROID CARTILAGES—SYPHILITIC TUBERCLE OF THE UTERUS.

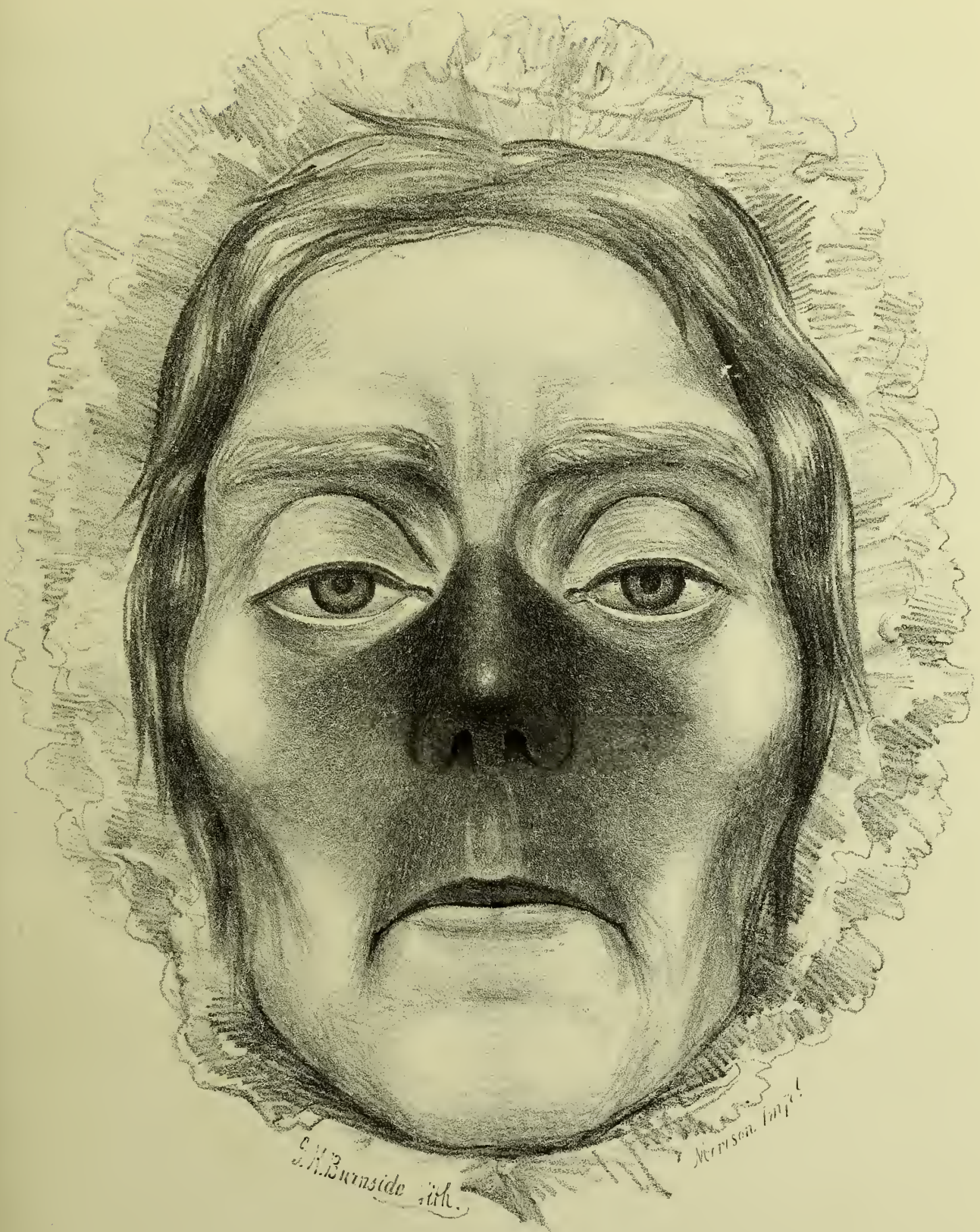
A delicate woman of 32 was admitted, November 17th, 1868, suffering from extensive sloughing ulcer of the soft palate and fauces ; the edges had the peculiar unhealthy blueish look of phagedenic ulceration, the glands around the neck were swollen, there was great pain and difficulty of deglutition, and her condition was most wretched. She gave the following history :—10 years since she became unvirtuous ; lived in private for 7 years, and then resorted to the streets. She was about 3 years in this condition till she got a genital sore 4 months only before admission. She admits having been badly off, having suffered privations, cold, wet, and late hours, and her aspect confirms her report.

The heart, on examination, was found feeble, there was no bruit or abnormal sound ; she had suffered a good deal, and active treatment was an essential. The throat was touched with crystalized carbolic acid, Bark, chlorate of potash ; subsequently iodide of potassium were freely administered, besides wine, beef tea, &c. ; the disease as far as possible was arrested by the use of escharotics freely used. There were no pains, rash, nodes, or other signs of constitutional infection. The patient's strength, though flickering up occasionally, steadily failed, till on the 24th December, a black spot appeared on the nose which became gradually more intense ; a gangrenous color spread over the face down to the upper lip, accompanied by a peculiar gangrenous smell, the coldness of the parts was intense and wonderful in contrast with the rest of the face ; the patient gradually sank, the discoloration having considerably increased till in the condition shown in the illustration, taken a few hours before death, which occurred Jan. 4, 1869. On post mortem examination the heart was found small, weighing 6 oz. 1 drachm, an ante-mortem clot in the right ventricle, and a small one in the left. The lungs and viscera generally were healthy, the intestines were empty, and the large intestine rather contracted ; the right kidney had a small tumour in its tissue, but not well marked ; the uterus contained in the wall of the fundus a small, hard defined tumor, like a tubercle, about the size of a small bean.

This case is interesting, as bearing on the question of sloughing being caused by mercury—here the patient never had taken a grain, yet most destructive sloughing occurred. The gangrenous appearance gradually and steadily extending itself, coincident with failing strength, was very remarkable.

LARYNGEAL DISEASES.

Affections of the larynx occurring during the various stages of syphilitic infection have always been of interest to the practitioner, and of great anxiety to the patient,—to the one from the difficulty of thorough inspection and appreciation of the morbid condition,—to the other, from the


C. H. Burnside lith.
Morrison Impt.

inconvenience of the diseased phenomena. Since the introduction of the laryngoscope, however, fresh and more definite information has been gained, and such facility attained, especially in the local application of remedies, that I have selected the following cases occurring in my wards of the Hospital, in illustration of the increased facility of treatment, showing ulceration of the laryngeal membrane, whether as the sequel of a primary infection, of constitutional infection from child-bearing, or combined with primary at the time of its existence. All the cases illustrated were treated without mercury, and the cure of the laryngeal ulceration chiefly accomplished by the application of tannin solution, which I found particularly to agree with these ulcers, whether touched directly with the solution, or applied by the spray producer.

TOTAL DESTRUCTION OF THE EPIGLOTTIS BY SYPHILITIC ULCERATION EIGHT YEARS AFTER INFECTION.

The accompanying illustration shows the extensive destruction of the epiglottis that can take place with impunity. Considering the extreme sensibility of this region and the delicate anatomical arrangement concerned, it is extraordinary that so protective and mechanically important a structure can be dispensed with, or that its office can be supplemented or even entirely supplied by the accommodation of the parts around.

In Baron Larry's celebrated case of the soldier who had the epiglottis shot away, the accommodation is well shown, as the patient was in danger of dying from inanition, such was the difficulty of swallowing drink or food, till time effected a compromise, though at first being fed with a tube introduced into the pharynx, the man was after six weeks enabled to swallow soft food, and finally could accomplish deglutition without difficulty.

The subject of the illustration No. 3, A. W., was admitted to my wards in the Lock Hospital (ward 1, bed No. 3), June 24th, 1868, complaining of hoarseness and difficulty of breathing, but specially annoyed by threatened suffocation when drinking, and that at night the secretions trickled down and awoke her with fits of coughing. The voice was not that of the syphilitic aphonia of Diday, described by him as a failure of voice on attempting high notes, but was peculiar in that, no matter how she exerted herself, she could not increase the tone or intensity, nor could she speak in a whisper; on attempting it, the voice was at once lost. This condition had existed for nine months. The patient is otherwise in good condition and vigorous, affording no symptom of chest affection; there is no stridor on taking a deep breath, or any very great inconvenience but in eating and drinking. She gives the following history:—She is 10 years unvirtuous. 8 years ago she got a primary sore, and in a few weeks after got an eruption generally over the skin; from her description it would appear to be squamous—since which date she has never had any sign whatever of the infection, till about nine months ago she became hoarse, and had some difficulty in breathing. There are no cicatrices, osseous enlargements, or other signs of any venereal taint. On laryngoscopic examination, the epiglottis is seen to be completely cut away by ulceration, the edge is irregular and jagged, and two small specks of ulceration still remain; the edge is eaten down to the very frænum epiglottidis, and the rima is plainly discernable uncovered by the epiglottis,

which is as effectually taken away as the knife could do it ; the arytenoid movements are free, and the vocal cords are not swollen, but seem rigid and unpliant, and can only be protected by the accommodation of the muscles and parts immediately around.

She is compelled to drink in gulphs only, but can swallow solids tolerably well.

The ulcers were treated by applying a jet from a spray-producer of weak tannin solution, gr. xxx. ad. ounces, every second or third day, the irritability of the opening being thus considerably diminished. The patient was discharged much relieved, August 3, 1868.

(See Illustration, No. 3.)

ULCERATIONS OF EPIGLOTTIS COMBINED WITH PRIMARY SORES ON GENITALS, AND BUBO.

K. B., aged 24 (ward 1, bed No. 7)—Was admitted 18th August, 1868, suffering from patchy soft sores on the genitals, followed by non-suppurating bubo on one side. She is of cachectic appearance, with a murky skin, and of an apathetic, desponding temperament ; unvirtuous for four years, and had been under treatment in the Hospital on two previous occasions—1st, for eruption, three years ago ; 2nd, for two genital sores, six months ago.

She has no eruption on the skin, pains, or alopœcia ; she is hoarse, and has some uneasiness in swallowing, referred to the upper part of the throat only, but has no inconvenience in drinking or tickling of the throat at night. There is a shade of dulness over the left infra-clavicular region, but no appreciable stethoseopic signs of disease in the chest.

On laryngoscopic examination, the appearance of the epiglottis was remarkable, four little ulcers being visible on the free edge, three the size of a large pin's head each, and the fourth about the half of a No. 5 shot. The epiglottis was otherwise healthy looking and pliable ; the ayrteno-epiglottidean folds appeared flabby and pale : the arytenoid movements were perfect and very distinct.

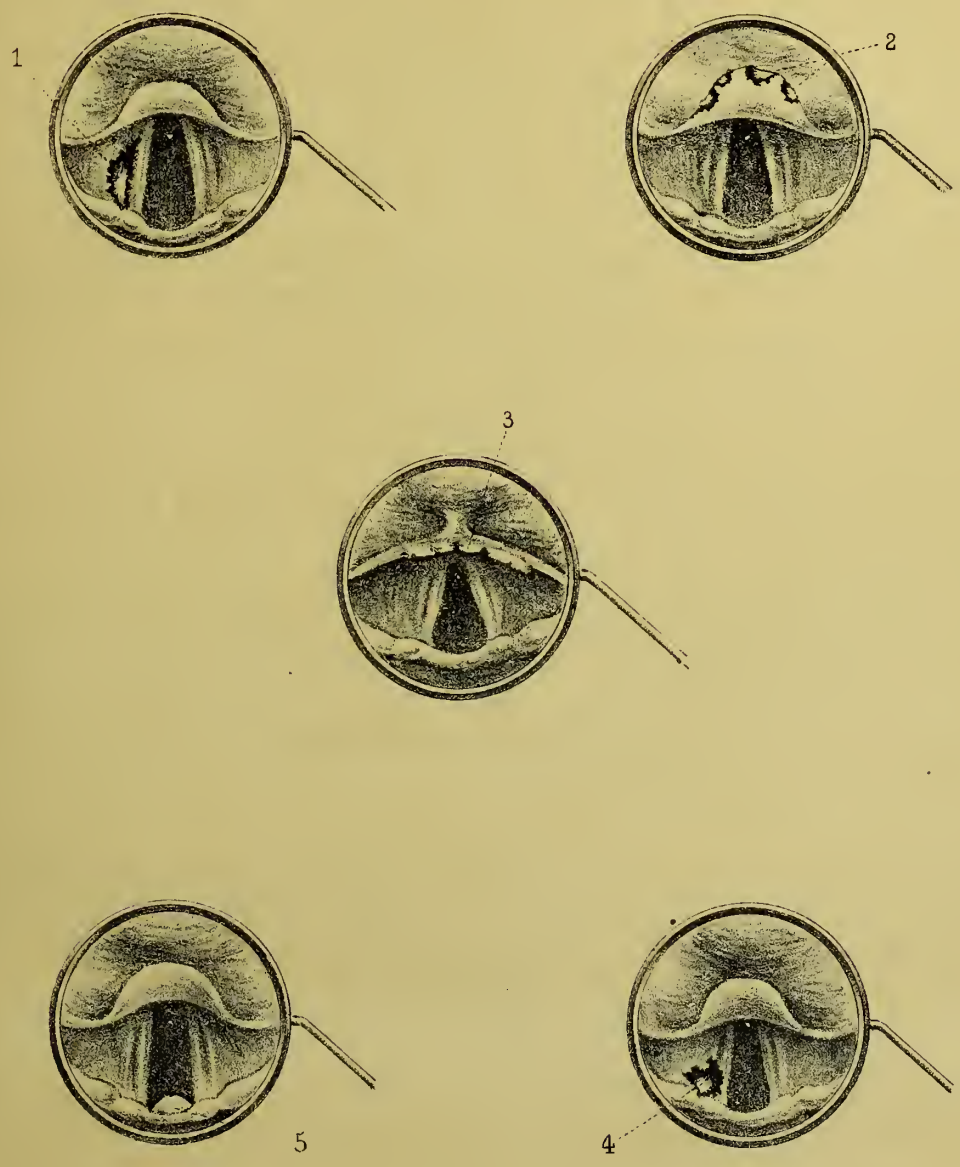
Treatment.—The ulcers were well brushed with nitrate of silver solution, gr. xxx. ad. oz., and tannin solution, gr. xxx. ad. oz., applied to the folds, which constringed the membrane, and caused the healing of the epiglottidean ulcers. The general treatment consisted of large doses of iodide of potassium, iron, bitter infusion, and good diet, with local applications to the sores and bubo, which was resolved. She was discharged cured September 28th, 1868.

(*See Illustration, No. 2.*)

DEEP ULCER AT THE BASE OF ARYTENOID IN A MARRIED WOMAN INFECTED BY CHILD BEARING NEVER HAVING HAD PRIMARIES.

R. D., aged 26, a married woman (bed No. 11, Married Ward)—Admitted August, 31, 1868, mother of two children, one two years old, another born one year since, but died, when eleven weeks old, of infantile syphilis. Two months after the birth of the first child she had sore throat and pains in the head, and in about four months she got a sore on the head over the frontal bone, which healed after treatment ; she remained well till after the birth of the second child, when, in about three weeks, she got sore throat, and about nine months after got secondary sores on the

Syphilitic Ulcers of the Larynx



By Mr Morgan. Surgeon to the Westmoreland Lock Hospital & Mercers Hospital Dublin.

arm, shin, eye, and head, over the parietal region ; she never had joint pains or rash, primary sore or bubo ; she is hoarse now for four months, is losing flesh, and has been under treatment for these affections for one year and nine months. The chest sounds are perfect.

On laryngoscopic examination, a well-marked deep ulcer like a chink is seen at the base of the right arytenoid, near the attachment of the false vocal chord ; the mucous membrane generally, in the neighbourhood, is congested looking and tumid.

Treatment.—The parts around and the ulcer were brushed with nitrate of silver solution, gr. xxx. ad. oz., and every third day touched with tannin solution, gr. xxx. ad. oz. Iodide of potassium in large doses administered. The improvement after three applications to the larynx was remarkable, though the ulcer, from the mobility probably, was rather refractory.

This case is an interesting example of intermediate infection by child-bearing, and the more complete affection of the system after the birth of the second child She is now again about four months pregnant. Discharged cured, September 26.

(*See Illustration No.* 1.)

ULCER OF THE FALSE CHORDA VOCALIS, WITH FIRST SORES ON GENITALS, AND ERUPTION.

R. B., aged 23, a patient (bed No. 11—First Admission Ward), presented all the symptoms of syphilitic cachexia, being affected with several patchy soft sores of the labia, disseminated papular eruption, a dusky hue of the skin, some osteoscopic pains, and suffered much from hoarseness with partial loss of voice. She dates the initial sore as occurring about six weeks ago, and that two weeks after its formation the papular eruption appeared, first in the lower limbs ; and about two weeks after the eruption, the hoarseness commenced, a feeling of obstruction in the breathing mostly inconveniences her.

She has never before had any venereal affection, and has been rather poorly circumstanced, being eight months unvirtuous. There is no difficulty in swallowing ; and on examination, the chest sounds are perfectly healthy ; there is a slight anæmic bruit in the jugular veins ; engorgement of the cervical glands, and of one under the jaw.

On laryngoscopic examination, the right false chorda vocalis is distinctly swollen, and sufficiently tumid to encroach upon the opening of the glottis ; at its arytenoid extremity an ulcer is seen of a greyish colour, about the size of a split pea, exhibiting not so much the appearance of a "mucous patch" as of a distinct ulcer, with well marked edges, as if torn.

Treatment.—The ulcer was touched on four occasions with nitrate of silver solution, gr. xxx. ad. oz., and tannin solution, gr. xxx. ad. oz., ten-grain doses of citrate of iron and the iodide of potassium in bitter infusion, good diet, and occasional warm baths dissipated all the symptoms, patient being discharged with completely restored health, August 4, 1868.

(*See Illustration, No.* 4.)

ULCER OF LARYNX NINE MONTHS AFTER PRIMARY INFECTION.

M. B., admitted July 31 (bed 6, Ward No. 1), married, aged 31—Was infected by her husband nine months previous to admission, with soft sores, and a vaginal discharge ; for these she was treated in the hospital by topical applications chiefly. She remained without any symptom whatever of the disease till three weeks previous to admission, when she became affected by the formation of "mucous patches" about the anus, and slight vegetations in the vicinity of the urethral orifice ; she also suffered a little from osteoscopic pains On admission, there was no hoarseness or difficulty of respiration ; but about three weeks after this date she became hoarse, and gradually the voice became nearly extinct.

On laryngoscopic examination, an elevation of the mucous membrane, with ulceration of the surface, could be distinctly seen in the space between the bases of the arytenoid cartilages, the appearance being exactly that of a "mucous patch" of the membrane in this region.

Treatment.—The "patch" was touched with nitrate of silver solution, gr. xxx. ad. oz., and afterwards on four occasions with tannin solution, gr. lx. ad. oz., gr. x. doses of iodide of potassium in bitter infusion, and local applications to the anal patches, effected a cure. Discharged September 28. (*See Illustration No. 5.*)

The occurrence in this case of the "mucous patch," both at the anus and in the larynx simultaneously, would go far to explain the cause of the peculiar voice of syphilitic infants, as called by Colles, "the peculiar hoarse cry," so characteristic a token of infantile infection. The hoarseness gradually comes on, as Rosen remarks, "without any manifest cause," and remains until the taint is removed by treatment. As the formation of "mucous patches" on the cheek, tongue, and lips is of so frequent an occurrence in infants it is to be concluded, as in this case, in the adults (fig 5), that "mucous patches" form in the vicinity of the vocal chords. I have had an opportunity of some time since examining, after death, the fauces of a child that died in the Hospital, after an existence of six weeks in a pining condition from birth. The mother was suffering from syphilis at the time. The infant had no rash on the body, but had "mucous patches" at the anus and the commisure of the lips : it was impossible to see the back of the throat during life. After death, however, at the base of the tongue a patch was to be seen and another far down on the back of the pharynx. A full *post-mortem* was not admissible, but it is not unreasonable to conclude that the "peculiar hoarse cry" was caused by the existence of a "patch" in the more immediate neighbourhood of the vocal chords, as one of the phenomena of the earlier stage of secondary infection. This infant of six weeks old presented the identical symptoms of infection as did the adult aged thirty-one, furnishing illustration, No. 5.

[The following is an illustration of the severer form of syphilitic ulceration, extending to the cartilages of the larynx. A man, stating that he was a scrivener's clerk, presented himself to me at Mercer's Hospital, suffering from debility, difficulty of breathing, and other signs of laryngeal irritation ; he gave the following history :—He had syphilis six years previously, had two years afterwards some slight eruption, which was treated without mercury ; since then he escaped till

one year since, when he got some pains in the bones and three sores at successive intervals on the thigh, and within the last two months the commencement of the present affection ; the chief symptoms being the teazing caused by a dry cough, especially at night, thin mucous expectoration, gradually becoming, as at present, purulent ; the patient is still more alarmed lately by this being now slightly incorporated with blood ; the voice, from having at first a huskiness, has now become inaudible but in a whisper, and that with considerable effort ; the respiration is sibilant and very rough over the upper border of the thyroid cartilage, and considerable pain is felt during the act of deglutition, which the patient endeavours to relieve by holding the larynx steady between his finger and thumb during the moment of the food passing by, as in the case where the epiglottis has been completely lost (illustration No. 3). There is the same difficulty in swallowing fluids, to such an extent that the sufferer never tries now, but thickens all fluids with bread or flour ; he is also much distressed by the fœtid smell, which is constant, the expectorated pus giving the fœtor of necrosed bone or pus communicating therewith ; the pus is also unlike the nummular sputa of phthisis, it is less solid from being mixed with a quantity of mucus. On percussion, the thyroid region of the larynx is painful, and the general feel that of ossification ; there are no signs of phthisis to be found.

On laryngoscopic examination, the aperture was to be seen almost full of tenacious muco-pus, which the patient could clear away by expectoration, and which re-formed, almost to the same extent, during the space of a laryngeal examination of a few moments' duration. The right arytenoid cartilage was partially dislocated, so that its inner edge, denuded of mucous membrane, impended considerably over the opening ; a large ulceration was to be seen occupying this angle.

The parts were touched with a strong solution of tannin, one drachm ad oz., and the ulcerated part with nitrate of silver solution, two drachms ad oz. Iron and iodide of potassium were administered in large doses. After three dressings the secretion had somewhat diminished, and the general health was slightly improved.

I looked on this case as one of ulceration, combined with death of part of the cartilage, and hoped to have had a laryngoscopic drawing, which the patient promised a sitting for, but unfortunately he has been since lost sight of.]

E. D., aged forty—Unvirtuous seventeen years, contracted a sore eight years since ; two years afterwards got pains in the joints, and shortly after a severe ulceration of the throat and soft palate, which recurred from time to time, and for which she was treated in the Hospital. She has had two children since the formation of the sores, one of which lived till one and half years' old, and died of some accidental affection ; the other died young, but whether syphilitic or not cannot be ascertained. She was admitted to the Lock Hospital (having now her third, a healthy and fine child of three months at the breast) complaining of hoarseness and difficulty of breathing at intervals, particularly at night, is pallid, but not much debilitated, never had eruption, and shows no cicatrices of ulcers. She was put on tonic treatment—iodide of potassium and bromide of ammonium, and counter-irritation applied over the larynx.

On laryngoscopic examination, the epiglottis only could be seen studded with ulcers. The left lobe of the thyroid body was somewhat enlarged ; but no enlarged glands could be felt. The

fits of dyspnœa became gradually very urgent and sudden in their onset; during the intervals the symptoms were not by any means distressing.

On the forenoon of the 4th December, having just walked from one ward to the other, she was seized with a sudden fit of dyspnœa and died.

A *post-mortem* examination was made; the body was in fair condition; there were no marks or cicatrices. On making an incision over the neck and sternum and dissecting down to the trachea, the veins were found intensely congested, the larynx externally was healthy, the lungs and heart were healthy also; about the root of the neck one of the glands of the right side was extremely dense, as hard as cartilage, and involved the pneumogastric trunk itself; the left recurrent nerve was surrounded by glands, small, dense, and closely adherent; the glands generally, about the root of the trachea were dense.

On opening the larynx there were several ulcers of the epigolottis visible, and an extensive ulceration and necrosis of the upper rings of the trachea close to the cricoid cartilage. This had escaped notice during laryngoscopic examination owing to its position; the ulceration had destroyed all but the external layer of the trachea.

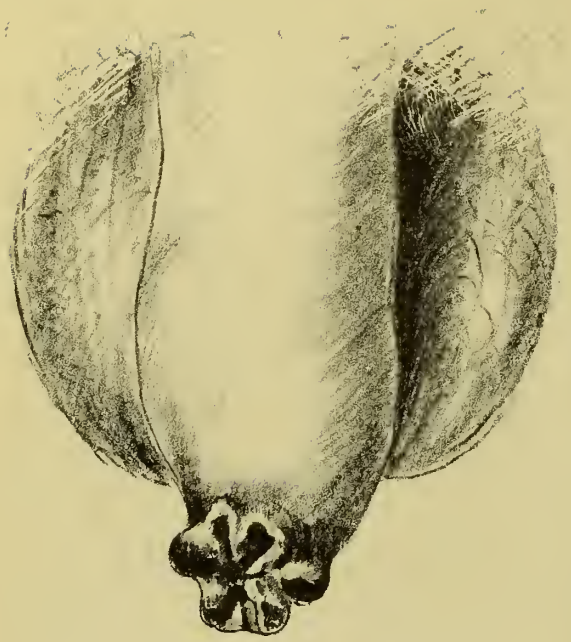
In the case of the patient referred to at page 16, as having died with sloughing ulceration of the pharynx, debilitated heart, and gangrene of the nose and face—the sloughy ulceration had extended to the larynx involving the left cornu of the os hyoides, the upper cornu of the thyroid cartilage, both of which were necrosed, and also the left arytenoid cartilage, the mucous membrane of the larynx was swollen, but not to any degree sufficient to cause death.

The odour of these diseased cartilages was exactly that of necrosed bone, but vastly more insufferable, and the condition illustrated the extraordinary mischief that may occur without causing death by suffocation.

ULCERATION OF THE URETHRA.

Amongst the most intractable forms of the disease are ulcerations of the urethra, three obstinate cases have been under my care—in one I had an opportunity of examining the case after death. The patient received a primary sore three years previously. She got bubos on both sides which suppurated, and were opened; no mercury in any form was administered, and she was discharged cured. In some months afterwards she came again into Hospital suffering from a sore near the urethral orifice, and also from secondary ulcers of a rupial origin; the urethral sore extended itself, and destroyed the entire tract. In this state she came under my observation in Hospital in a cachectic condition with the parietal bones in parts exposed; and suffering much from the constant trickling of urine which made life miserable. I performed a plastic operation by vivifying part of the neighbouring vaginal wall, and making an artificial channel; this succeeded for the time, but ulceration recurring, it was finally useless. On a later occasion, I again operated and caused much improvement, as the patient could retain urine while in bed. About this period a large ulcer formed in the leg; another over the acromion, exposing the acromial end of the scapula and clavicle, part of which came away. Shortly afterwards an attack of erysipelas of the face came on, under which the patient succumbed. On *post-mortem* examination, the heart was found small, six ounces weight; the brain and

N° 1



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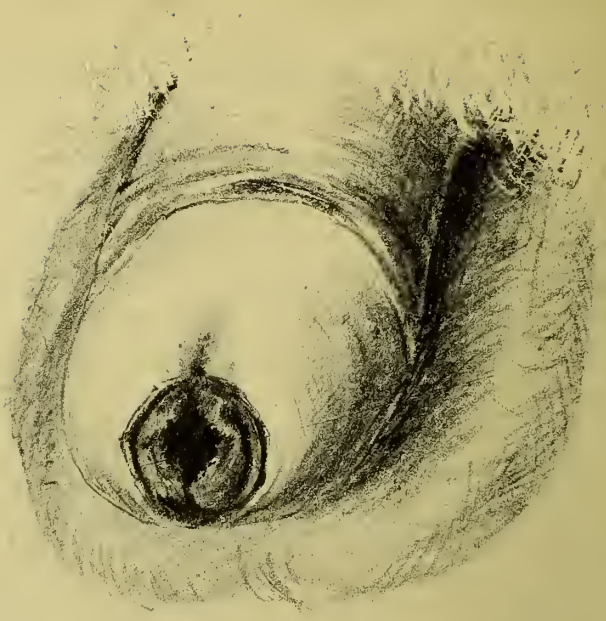

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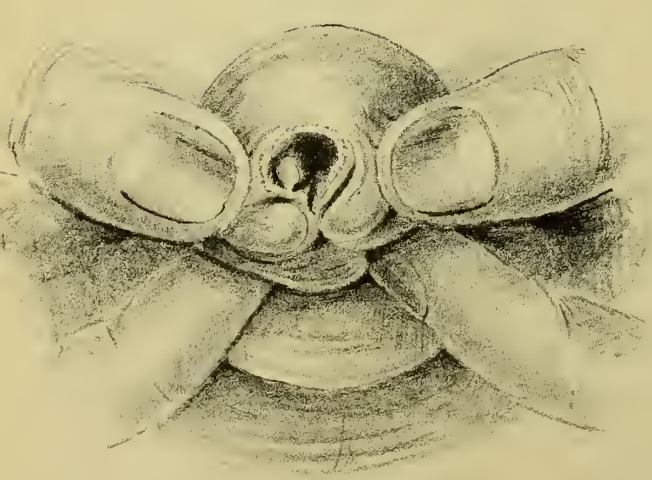

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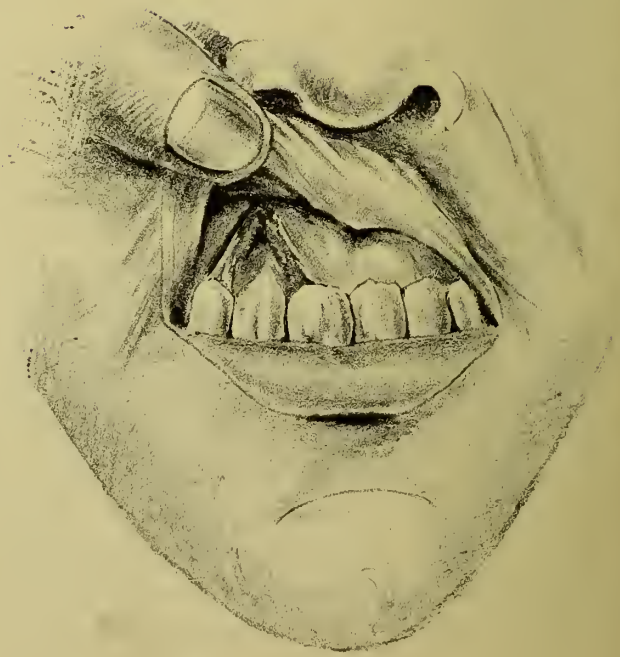


Ulceration of the Gum accompanying Chronic Genital Sore.

membranes were normal ; the bones of the head were considerably diseased ; and the bladder had no urethra whatever, but a large mouth about the size of a 6d. ; the coats very thin, and manifestly it had been long incapable of holding any quantity of urine ; the line of ulceration was indicated on the urethral orifice of the bladder by a tolerably marked cicatricial " welt."

In another case (Fig. 1, p. 15) the chronic sore is seen at the vaginal orifice, and at the urethral tract ; and in another there is a ring of ulceration at the urethra, combined with a most extensive ulcer of the neighbouring vaginal and vulvar region. This form of ulceration I have alluded to when detailing cases of the chronic sore, the ulcer is of a totally different character from that occurring in the male as a chancre ; there is no induration, there is not the same color or appearance, and the tendency is lupoid and obstinate.

[I have had lately an illustrative case of urethral ulcer in a married man, which is interesting in contrast with these just related in woman. The ulcer commenced on one side of the urethral orifice, spread rapidly, and when he came under my care presented the size and form illustrated at Fig. 2, the induration was extreme and diffused through the glands ; a well-marked papulo-squamous eruption had developed itself about three weeks after the appearance of the sore, the inguinal glands were slightly enlarged, and he suffered most severe hemicrania.

He communicated this sore to his wife, the mother of eleven healthy children ; she got a sore on one side, with enlarged and little painful inguinal glands of one side, and in about the same period as the husband showed similar eruption almost spot for spot, particularly well marked in both, on the palms of the hands.

All the symptoms yielded to gentle mercurial influence and tonics.

In contrast to this case is that of Fig. 3, where a sore formed in the interior of the orifice. About one week after connection the patient had symptoms, as he supposed, of gonorrhœa in a mild form, but the feeling of a painful spot at the orifice, and the appearance of bloody discharge led him to a closer examination. A sore larger than a split pea, bathed in copious secretion and without density, could be seen. At the same time a roseolar eruption was in process of developing itself. The inguinal glands on the side corresponding to the sore were tender and tumid. Both the local and general symptoms yielded to non-mercurial treatment and topical applications.

Fig. 1 represents another variety of ulceration developed in the folds of a congenital and extreme phimosis accompanied by much local irritation and tumefaction, though not an unusual form, yet the case was interesting from being the subject of general manifestations at the same time. On inspection I found profuse roseola associated with a few papules, scapular and other pains, and a slight tumefaction of the inguinal glands on one side. The sores were cured by local applications, and the general symptoms, though resistant, were yielding to the mercurial vapor-bath. In about three weeks, however, the patient, a young gentleman, vigorous hitherto and of fine physique, while riding his horse at a walking pace, was observed suddenly to fall in a fit of an epileptiform character, he was taken immediately to the house of the doctor under whose care he was in the country, where by judicious treatment and the full influence of mercurial remedies, he made a good recovery, from his alarming and general symptoms.]

AFFECTIONS OF THE TONGUE.

As these affections have been not unusually associated with other constitutional symptoms, I have selected the following examples :—

Fig. 1, shews a well marked form of elevated and ulcerated patch, accompanied by syphilitic erosion of the angles of the lips, and a superficially ulcerated patch on the roof of the mouth, and at the anus ; cachexia and enlargement of the cervical glands. They were best treated by local stimulation, every second day, with solutions of nit. argenti, nit. cupri, &c.—the use of lotio nigra as a " tongue bath," and the administration of iodide of potassium, chlorate of potass, and tonics.

A form of non-suppurating deposit in the tongue was well marked in a patient, who had been the subject of several sores during a period of nearly 20 years ; there were gummata on the loins and on the face, the latter of which ulcerated, but the former did not, being resolved by painting vigorously with the tinct. of iodine ; she also had a suppurating small tubercle of the soft palate.

The tongue was the chief inconvenience, causing thickness in pronunciation and constant pain ; the deposits were dense, about the size of pea in each place, and accompanied by the glazed appearance of the organ, seen in chronic syphilis. They had all the characters of dense gummata in the submucous tissue, and could be felt, as distinctly circumscribed tumors. The patient was debilitated, the subject of bronchitis, and suffered much from the suppuration of the facial gumma.

The illustration (fig. 2) shews the size of the deposits, and the appearance of the tongue's surface.

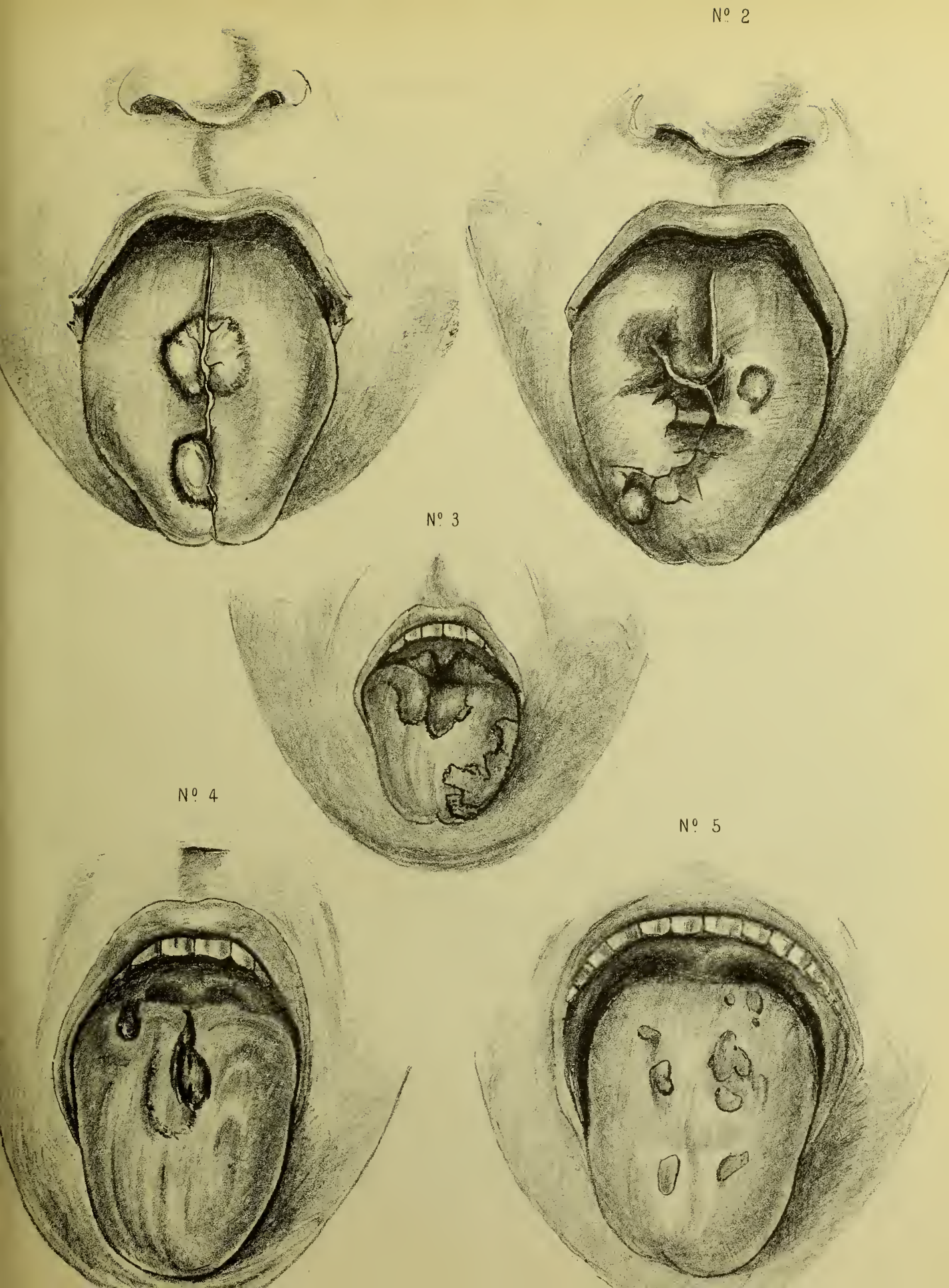
The development of "patches" on the tongue are of frequent occurrence amongst the earlier manifestations of constitutional infection. Fig. 3, shews one case which was particularly remarkable from the abundance and size of their formation, the figure assumed on the sides and front of the tongue being irregularly leaf-shaped, large, soft, and greyish in color ; they also shewed themselves over the base of the tongue and the fauces—there was no hoarseness, and the only other manifestations were the occurrence of patches at the anal region and of hemicrania. The patient had a primary within the preceding six months, which had been followed by a faint roseolar eruption of papules.

Several cases of tubercular ulceration of the tongue have been under my observation, one of which was very characteristic, and as the patient had been before in Hospital, under my care, the progress of her case was observed. Two years previously she had a primary, which had existed for 1 month before her admission, and in a few days after coming to Hospital a copious roseolar eruption shewed itself. In May last, without having had any further primary, a copious papular eruption appeared over the entire body ; pains in the scapula, patches of the mouth and anus, and cachexia, were well marked ; she was treated with a mild mercurial course. In 4 weeks subsequently, tubercles formed at the base of the tongue, leading to foul and deep ulceration, as seen in fig. 4.

By topical applications, the use of dilute lotio nigra as a "tongue bath" three times a day, and the exhibition of iodide of potassium and tonics in large doses, the ulcers soon healed.

In this case the eruption was most copious and obstinate.

The occurrence of papular eruption on the tongue has been not unusual, coincident with the development of the eruption on the body generally ; 6 to 8 spots being the usual number, and shewing themselves in the course of 48 hours ; smooth, slightly elevated, painless or nearly so, and seldom exceeding the size of a split pea, entirely distinct in character from the irregularly circular patches so frequently met with. Fig. 5, gives a good view of this affection, in a patient in whom the papular eruption was developing itself over the body, and where the appearances on the tongue were very well marked.


Nº 2
Nº 3
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Nº 5

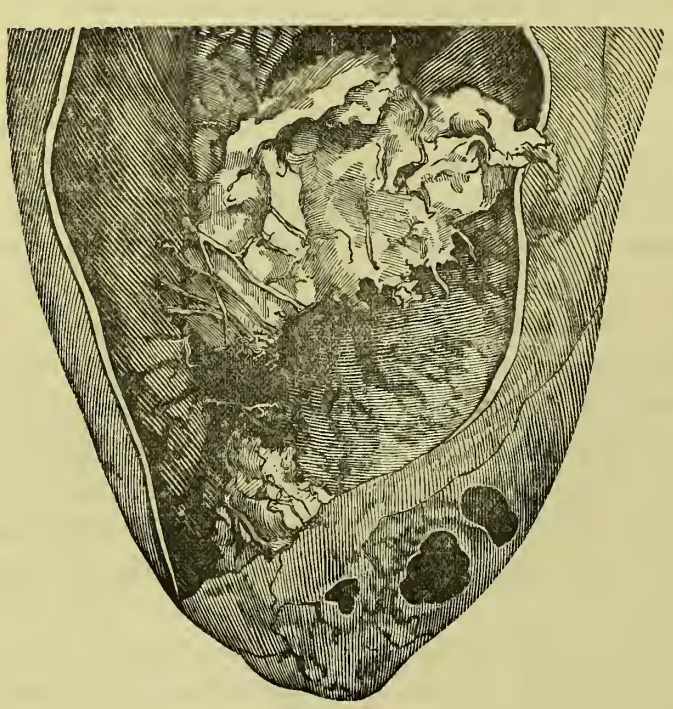
SYPHILITIC AFFECTION OF THE HEART.

The insidious and not infrequent formation of "gummata" or late syphilitic deposits in the various internal organs has always been a point of interest in the history of the later stages of the disease, their formation having been observed in the osseous system and viscera, both thoracic and abdominal; and many anomalous symptoms have been explained by *post-mortem* detection.

Their occurrence, as in the subjoined case on the heart, is remarkable. In this instance death was gradual, and slowly produced, contrary to most of those hitherto recorded, where death occurred suddenly, and without warning of any pre-existing cardiac lesion. In this instance, also, there can be no question as to the saturation of the system with the syphilitic poison, and its external evidences at the time of death.

S. B. (Ward No. 1, bed 6)—Was admitted June 9, 1868, suffering from lencorrhœal discharge and general debility. Has been upwards of twenty years unvirtuous, and eighteen years ago was treated in Hospital for genital sores. She was then hardly seventeen years of age, and had ever since led an unvirtuous life, with its concomitant evils of dissipation, exposure to cold, &c.; having been five or six times affected by sores, the dates of which it is not easy to obtain with any reliability, and two or three times by gonorrhœa, about ten years ago she had a "rash," not to such an extent as, she remarked, to disfigure her, and which was cured out of Hospital. She had never observed any other results of the primary sores, nor till lately suffered in any way from pains, sore throat, or other well-marked constitutional affections. She never took mercury in any form. On admission she presented the appearance of one considerably advanced in age, looking fully twelve or more years older than she really was. The limbs were very thin; the neck and face slightly puffed and of a dingy hue; the lips blueish. She suffered much from coldness and lassitude. The breathing was twenty-two per minute. The pulse was remarkably feeble, but regular, varying from fifty-six to sixty-six according to position. The area of cardiac dulness was considerably diminished; the impulse also was less perceptible both to the eye and touch. There was no abnormal sound, but diminished intensity of the first. There was no evidence of disease of the lungs; the other viscera seemed healthy, and the liver was not enlarged. She was now suffering from pains in the shoulder and knee joints, thickening of the periosteum of the left tibia, and the formation of three gummy tumours on the thigh and one on the shoulder, the latter having nearly proceeded to ulceration. She was ordered generous diet, stimulating mixture, with cinchona, wine, &c., freely.

June 11, 1868—She complained a good deal of palpitation and precordial uneasiness, and of increasing debility; could not rest. There was no orthopnœa, but the breathing was at times greatly hurried. There was some dilatation and slight pulsation of the right external jugular vein, and a faint murmur over the heart and great vessels. The subsequent history of the case is that of gradually increasing debility. The pulse became feeble, till for several days preceding death it was hardily perceptible, feeling as a mere wave or undulation under the finger. The semicongested appearance of the face increased notably, but not to an inordinate degree. The heart sounds became more indistinct. There was much irritability of stomach at times, and notwithstanding an abundant use of stimuli and nutrition, finally the patient "died out," without suffering from any special or overwhelming symptom, on July, 24, 1868, six and a-half weeks after admission. Two of the gummata had nearly ulcerated, and the pains in the joints had diminished.



A *post-mortem* examination was made eighteen hours after death, the body was emaciated and rigor mortis well marked. There was slight puffiness about the neck and face. The pericardium was healthy, and contained a few drachms of fluid. The right side of the heart was distended, and the organ itself was small, weighing but five ounces, indicating chronic failure of nutrition, as occurs in phthisis, cancer, and other wasting diseases. On opening the right ventricle a large clot nearly filling the cavity was to be seen (as shown in the illustration), entangled in and formed around the carnæ columnæ, whitish, very firm, dense, and fleshy-looking. When torn away from the lining membrane, to which it was adherent but not covered by, it came in shreds, or lamina, and in section was solid. Its formation must have been altogether *ante-mortem*, and by its increase and density it encroached on the cavity to a very great extent. The infundibular portion of the ventricle was quite free from coagulum and empty. The right auricle was distended with a soft, gelatinous, and coloured *post-mortem* clot, extending into the superior vena cava. The left ventricle was of small size and apparently healthy, but towards the apex on the anterior aspect presented one smaller, and two larger elevations or nodules, both being raised about half a line over the level of the ventricular wall, as shewn in the illustration, accurately drawn by Mr. Grey. To the touch they felt firm, and on section were found to penetrate one-fourth into the substance of the ventricular wall. The colour was not the yellow tubercular hue depicted by Ricord in his case (plate 29), but was more of a very pale flesh or cream colour. On making a section, the edge of these deposits was tolerably defined, but at the deeper part, where imbedded in the fleshy substance, not so plainly discernible. On the posterior aspect of the left ventricle another deposit, smaller but more distinctly marked, was also seen, embedded in like manner. The cavity contained a small, dense, whitish blood concretion, entangled among the carnæ columnæ. The wall of this ventricle was half-an-inch thick, while that of the right was thinner and denser than usual, as shewn in the section. There was no valvular lesion whatever. The lungs were healthy and contained no deposits. There were a few old adhesions. The liver was rather small and pale, not indurated, and presented on the under part and towards the thin edge three deposits, rather hard, slightly yellow, raised above the surface, and about the superficies of a 4d. piece. The other viscera were healthy. The head was not opened.

The occurrence of syphilitic deposit or gummy tumor in the heart itself, though recognised by Virchow, Ricord, Haldane, and others, is rarely demonstrated. The formation of these tumors in the tongue as the prelude to tubercular ulcers, and in the muscles themselves, is undoubted, having been seen in many of the large voluntary muscles, such as pectoralis major, sterno-mastoid, vasti, glutæus maximus, trapezius, etc., analogous to the well-known gumma of the cellular tissue,—one of the latest, but by no means the least troublesome manifestations of constitutional infection, commencing as a hard nodule in the cellular tissue, gradually leading to ulceration, and consisting microscopically, according to Robin, of "rounded neuclei belonging to fibro-plastic cells, or 'cytoblastions,' of a finely granular, semi-transparent, or amorphous substance, and finally of isolated fibres of cellular tissue, a small number of elastic fibres, and a few capillary blood vessels." Bouisson remarks, speaking of syphilitic tumors in the muscles :—"It is difficult to determine whether the earliest change takes place in the muscular fibrils or in the intervening cellular tissue, although analogy would lead us to believe that it is the fibro-cellular element connecting the fleshy fibres or serving as their sheath that is first involved." On the microscopic examination of the tumors in this case, the muscular fibres around the section could be seen of their natural appearance ; in the interior they were few, and surrounded by a homogeneous, dense, structureless material, in which I did not detect any granules. To the feel these tumours were firm, and felt to the knife dense and easily silced.

The case related and illustrated by Ricord ("Iconographie," plate 29) presents a history, as in this instance, of a long-standing constitutional infection, and its manifestation by the formation of gummata or external deposits. The patient received his first sore in 1824, another in 1826 ; between 1829 and 1834 he had several sores. In 1834 he got a sore, followed by swelling of the inguinal glands, succeeded by mucous patches. He remained apparently cured till 1845, when "tubercules" formed, followed by ulceration, both on the shoulder and penis. While under treatment, and apparently going on favourably, he suddenly died. On *post-mortem* examination the heart was found hypertrophied, the right ventricle containing soft coagula, and its endocardial lining thickened ; not so in the left. The walls of both ventricles contained deposits of a yellowish matter, dense, "criant," to the knife, and in some places of a "squirrhoide" consistence, and in others like tubercular matter in the process of softening ; "in a word, of syphilitic tubercles, a tertiary evidence often found in the subcutaneous and submucous cellular tissue." "Around these morbid products there was no disturbance, 'refoulment,' of the muscular fibres, for the degeneration was in the substance of the muscular fibre itself."

From the inspection of M. Ricord's plate, the heart, contrary to the condition in this case, was very considerably hypertrophous, and the deposit more abundant and tubercular in appearance.

With regard to this case, it is curious, and illustrative of the modifying effects of the system, that signs of constitutional syphilis showed themselves but once in upwards of twenty years, and that not till a few months before decease, did well-marked signs of general infection develop themselves.

GONORRHŒA.

Gonorrhœa in an acute form, though by no means so frequent as might be supposed, has been exemplified in several cases, generally accompanied by some complication, abscess of the

labium, suppuration or tumefaction of the neighbouring glands, ovarian or uterine irritation ; in one very severe case the glands on both sides suppurated ; in another, a very severe attack of ovaritis came on, with great tumefaction in the pelvic region ; in another case the woman gave birth to a child while having acute gonorrhœa, and after death (which occurred from congestion of the lungs and brain,) the vaginal wall was found in a state of gangrene, the interior of the uterus contained semi-purulent clots, and pyemia was evident; the child suffered from infantile ophthalmia, the eyes escaping permanent injury ; in another case the woman had gonorrhœa, complicated with excessive vegetations in the vagina ; she gave birth to a child, which, also, suffered severely from ophthalmia. No case of gonorrhœal rheumatism in the female has occurred, I believe, for years, in the Hospital, proving the well known immunity females possess from this affection. It would appear that when the acute stage of gonorrhœa passes, the patients seldom seek for treatment in Hospital, but continue propagating the disease, and as it is pretty certain that non-specific vitiated secretions can also give gonorrhœa, it is not surprising that the affection should be so frequent in the male ; in illustration of the fact of acrid secretions being capable of exciting urethritis, I have under my care now a gentleman, who after every confinement of his wife, and having connection within 3 or 4 weeks, has got a more or less severe urethritis, and it is remarkable in his case, that though copaiba easily cured true gonorrhœa contracted before marriage, it is perfectly inert with regard to these attacks excited by the vitiated secretions. The remedy I have found most useful in the treatment of gonorrhœa is the bisulphite of lime solution ; from its antiseptic qualities it acts most usefully. In the female, 1 part to 4 of water is quite sufficient, as an injection, 3 or 4 times a day, but used while lying down, care being taken first to wash out the vagina with tepid or cold water; if there be too much smarting, a weaker solution may be used. I have also found extremely useful the free injection of cold water, during the severer stages especially. For this and other purposes, I have had attached to the water pipe in the lavatory an india-rubber hose, each patient is furnished with an attachable syringe point, by turning on the water a continuous and moderate douche is kept up for 4 or 5 minutes at a time; for the male urethra I have contrived an arrangement for a "continuous injector," which will be found useful and practical, the special feature of which, is that the hands are left free to carry out its application, and that there is great advantage in a continuous and more copious injection being used on the "wash bottle" principle. The phial is to be uncorked—filled nearly to the top, or to what ever quantity is prescribed, and recorked tightly; the injection point to be well and gently introduced into the urethra with the right-hand, the organ being held by the left. There is now no necessity for disturbing the position, till the injection is carried out, which is accomplished by holding the mouth-piece between the teeth and blowing, with more or less force as may be desired. I prefer using weak injections in large quantity —to strong injections in small quantity. I am satisfied much unnecessary irritation is caused by the use of too concentrated solutions ; they are not suffiicently diffused over the surface, and act too vigorously on some point. For instance, I find by the "continous injection" that two grains of sulphate of zinc to the ounce of water, acts far better than one grain or half grain to the drachm used by an ordinary syringe. In the acute stage of gonorrhœa, soothing and opiate solutions in tepid water, used in quantity of about two ounces at a sitting, gives great relief, and shortens the attack.

PEMPHIGUS GANGRENOSUS

Case of M. K. under the Care of Mr. Morgan.

ULCERATION OF THE RECTUM.

Specimens of severe ulcerations of the rectum have been under my observation, one of which is so remarkable, that I have represented it at (Fig. 2, page 15) the patient is the subject of a well marked chronic sore, which she states, has existed for more than two years ; during several months she was living irregularly with the sore on her. She has been under my observation for more than seven months, during which time she has been affected with ulceration of the rectum of a most perverse and extensive character ; the sore is of great extent as revealed by the speculum, with hard edges, presenting several inches square of ulcerated surface. There is a most copious discharge, and pain on going to stool ; but no tendency to contraction, on the contrary, rather the reverse, apparently from partial destruction of the sphincter—the genital sore preceded that of the rectum. There were no constitutional signs beyond the formation of two gummata on the body, which were dispelled ; the ulceration of the gut did not commence as a gumma, but as an ulcer as did the chronic genital sores.

This patient has been most benefited by arsenical treatment, and the use of gr. xxv. of tannin as suppository.

In another case, the ulceration is of four months' duration, very extensive, but not of the character of the chronic sore, the surface being more healthy looking. It also is most resistant to treatment. There are no other constitutional manifestation.

PEMPHIGUS GANGRENOSUS AS A CASE OF SUPPOSED VENEREAL INFECTION.

The following is interesting as showing the importance of accuracy in diagnosis :—

The symptoms were at first suggestive as to venereal, but the irreproachable character of the girl, and her condition in life rendered it very improbable ; the patient was sent to me as an aggravated and well-marked case of venereal. I was told she had a primary sore on the pudendum, and sores on the body, one on the lip being aggravated and well marked. She had been sent up from the country for treatment as acute venereal. On examining her history, it was thus—the patient had been a well-looking, strong country girl, 18 years of age, the daughter of tolerably comfortable people for their mode of life as small shopkeepers ; about a month previously she had caught a severe cold after turning a " cast " of oats in a kiln—in a week afterwards blisters formed on various parts of the body, the buttocks, the inner side of the thighs, on the abdomen and on tne pudendum, the blisters she described as having contained a yellowish viscid kind of matter, and a black spot appeared under them when the skin was removed. She went to an adjoining dispensary, but said nothing of the bullæ, &c., as they did not give her pain. She was treated, we may conclude, for debility, and given tonics in the shape of Tr. Ferri Muriatis, 25 drops 4 times a day. I learn that a few days after the appearance of the first blisters she applied to an unlicensed practitioner *who gave her mercury* and made her mouth sore, she became now rapidly worse, a slough appearing on the lip, and at the junction of the lip and gum.

She was prostrated by debility, the pulse weak and rapid, the face pale, tongue dry, the body exhaled a peculiar sickly and oppressive odor, the sloughs had separated from some of the sores on the back, and one had left a hiatus certainly $\frac{3}{4}$ of an inch deep, there was a large slough

about the size of a half-crown piece on the left labium, and some swelling of the inguinal glands, a large slough had also formed on the lower lip about the size of a florin or half-crown, and one smaller at the junction with the gum inside—the lip was swollen and not so painful as might have been expected, there was a tag of sloughed tissue hanging from the part.

The most active treatment and support was evidently the only chance for the girl's life. She was ordered 5 grains of chlorate of potash, 5 grains of quinine and bark infusion every hour, beef tea, egg flip, milk, &c., as much as she would take ; the bisulphate of lime solution was applied to the sores as an antiseptic, but notwithstanding all attention, she died next day.

It would be impossible in a half-yearly report such as this to enter further upon many interesting details, both as to the forms of the disease and the treatment found most suitable.

Numerous varieties of local and general symptoms are daily under observation, requiring much thought and careful treatment. The advantages afforded to this unhappy class of the community, by the Institution, are sufficiently illustrated by these instances given of the various special results of the disease, many of them endangering life by their immediate effect, and others laying the foundation for a long and tedious deterioration.

AS THE GENERAL RESULT OF TREATMENT—

146 cases have been discharged cured.

5 have died.

6 children have died, owing to the hereditary infection ; and 6 have been saved by active and careful treatment.

James Charles, Printer, 61, Middle Abbey-street, Dublin.